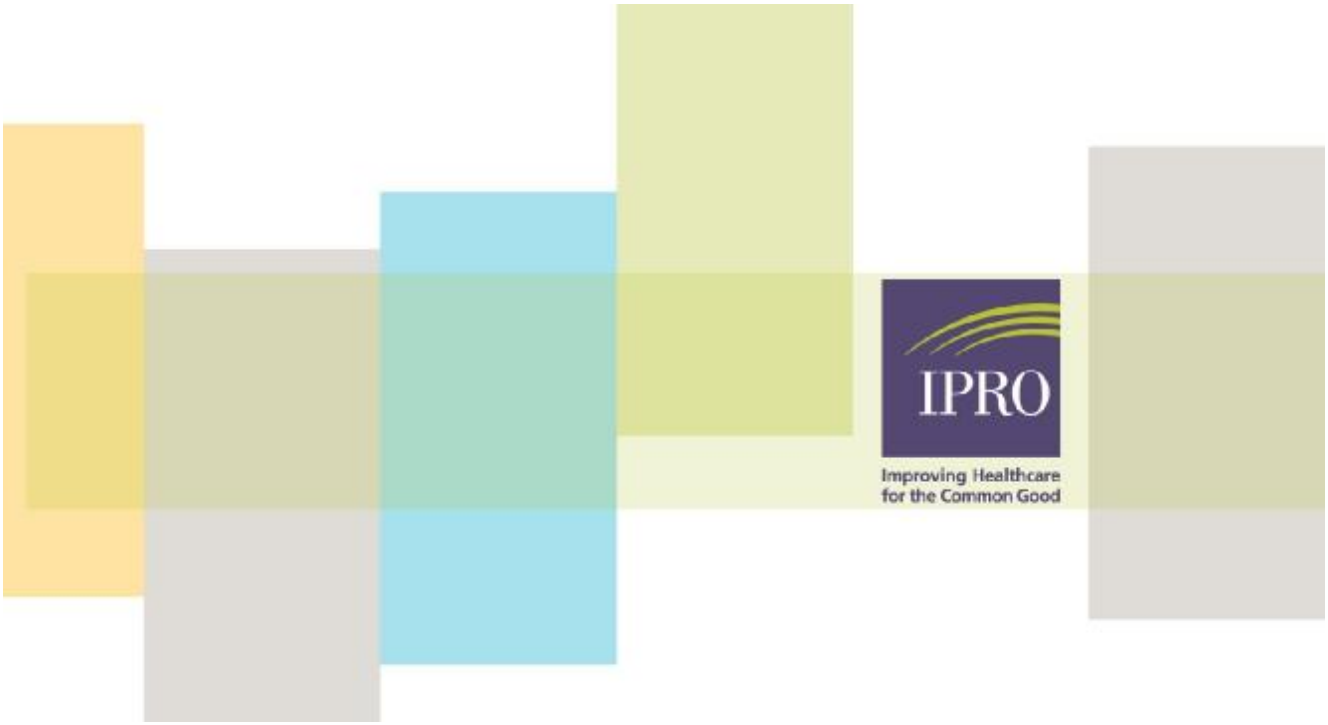

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Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality and Outcomes

2017 External Quality Review Technical Report

Final

Review of MCO Contract Year(s) 2014–2016

Report Date: April 2017

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Executive Summary

Purpose of Report

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the State agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out the EQR; that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS). Quality, as it pertains to EQR, is defined in 42 CFR 438.320 as "the degree to which an MCO increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge."

These same federal regulations require that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality, timeliness and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the plans regarding health care quality, timeliness and access, and make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MCOs.

To meet these federal requirements, the Department for Medicaid Services (DMS) has contracted with Island Peer Review Organization (IPRO), an EQRO, to conduct the annual EQR of Kentucky's Medicaid managed care (MMC) plans.

Scope of EQR Activities Conducted

This EQR technical report focuses on the three federally mandated EQR activities that were conducted. As set forth in 42 CFR 438.358, these activities were:

Compliance Review

This review determines MCO compliance with its contract and with state and federal regulations in accordance with the requirements of 42 CFR 438.204 (g) (Standards for Access, Structure and Operation, and Measurement and Improvement).

Validation of Performance Measures

Each MCO is required to report annual performance measures (PMs) aligned with the Healthy Kentuckians (HK) 2020 goals. Healthy Kentuckians 2020 (HK 2020) is designed to mirror the national Healthy People 2020 initiative, align with statewide initiatives and priorities, and serve as a foundation for moving the health of Kentucky forward. Like Healthy People 2020, HK provides a framework for health promotion and disease prevention by including science-based goals and objectives, baseline data and targets based on established benchmarks to measure progress. HK 2020's goals and objectives are intended to guide efforts to improve the health and safety of people in Kentucky through prevention, promotion, and protection and focuses on state-level goals for promoting health, preventing disease and disability, eliminating disparities, and improving health-related quality of life.

Annually, the measures that are not one of the Healthcare Effectiveness Data and Information Set (HEDIS®) are validated by the EQRO. IPRO addresses the reliability and validity of the reported PM rates as required by both the health plan contract and the Federal MMC regulations and requirements.

Validation of Performance Improvement Projects

Performance improvement projects (PIPs) for the subject time period were reviewed for each MCO to ensure that the projects were designed, conducted and reported in a methodologically sound manner, allowing real improvements in care and services and giving confidence in the reported improvements.

The results of these three EQR activities performed by IPRO are detailed in the Findings, Strengths and Recommendations section of the report.

Overall Conclusions and Recommendations

The following is a high-level summary of the conclusions drawn from the findings of the EQR activities regarding the Kentucky MMC health plans' strengths and IPRO's recommendations with respect to quality of care and access to/timeliness of care. Specific findings, strengths and recommendations are described in detail in the Findings, Strengths and Recommendations section of this report. For the purposes of this section, the domains of quality and access/timelines domains are listed in Table 1.

Table 1: Domains of Quality and Access/Timeliness

Quality	Access/Timeliness
Compliance	
QAPI: Measurement and Improvement	Health Risk Assessment (HRA)
Grievance System	QAPI: Access
QAPI: Structure and Operations – Credentialing	QAPI: Access – Utilization Management (UM)
Program Integrity	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
QAPI: Structure and Operations – Delegated Services	Case Management/Care Coordination
Medical Records	Enrollee Rights and Protection: Enrollee Rights
QAPI: Health Information Systems	Enrollee Rights and Protection: Member Education and Outreach
	Behavioral Health Services
	Pharmacy Services
HEDIS	
Effectiveness of Care Measure	Access and Availability
	Use of Services
Healthy Kentuckians Performance Measures (PMs)	
Preventive Care	Children with Special Health Care Needs (CSHCN)
Perinatal Care	Access to Care

Aetna Better Health (formerly CoventryCares of Kentucky)

Aetna Better Health – Strengths

Quality of Care:

- As in the prior year, Aetna Better Health demonstrated strong performance in their 2017 Compliance Review. The MCO received a partial review totaling 211 applicable elements, of which 98% were determined to be fully or substantially compliant. The following domains related to quality of care received overall Full Compliance (a score of 3.0 points): Health Information Systems and Medical Records. And the following domains received overall Substantial Compliance (a score of 2–2.99): Quality Measurement and Improvement, Grievances, Structure and Operations, Program Integrity and Delegation.
- Effectiveness of Care measures ranking above the NCQA national Medicaid 50th percentile included:
    - Prevention and Screening: Adult BMI Assessment (ABA) and Immunizations for Adolescents (IMA),
    - Respiratory Conditions: Pharmacotherapy Management of COPD Exacerbation (PCE), Medication Compliance for People with Asthma (MMA) and Asthma Medication Ratio (AMR),
    - Controlling High Blood Pressure (CBP),
    - Diabetes (CDC): HbA1c Control (<8% and <7%) and Blood Pressure Control,
    - Behavioral Health: Antidepressant Medication Management (AMM) and Follow-up Care for Children Prescribed ADHD Medication (ADD) – Initiation Phase,

    - Annual Monitoring for Patients on Persistent Medications (MPM) – ACE Inhibitors or ARBs, Diuretics and Total, and
    - Overuse/Appropriateness: Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC), a measure where a lower rate reflects better performance, was ranked below the NCQA national Medicaid 25th percentile.
- Board Certification of Providers ranking above the NCQA national Medicaid 50th percentile included Obstetrician/Gynecologists and Pediatricians.
- Consumer Satisfaction measures ranking above the NCQA national Medicaid 50th percentile included:
    - Adult: How Well Doctors Communicate; Customer Service and Rating of Specialist Seen Most Often, and
    - Child: Getting Needed Care; Getting Care Quickly; How Well Doctors Communicate and Customer Service.
- For HK PMs, Child and Preventive Care Measures saw increases across most measures from the previous year. Adult Preventive Care Measures saw improvements in reporting year (RY) 2016 also, with significant increases seen in documentation of height and weight (79.95%), counseling for nutrition (41.51%), physical activity (31.37%) and LDL screenings (26.86%). Aetna Better Health of Kentucky's reported rates exceeded the statewide aggregate rate for the following quality measures:
    - Adult Preventive Care BMI – Outpatient Visit and Record of Height and Weight, Counseling for Nutrition and Physical Activity; Adult Tobacco Use: Screening for Tobacco Use, Positive Screening for Tobacco Use and Received an Intervention for Tobacco Use;
    - Child and Adolescent Preventive Care: BMI: Outpatient Visit and Record of Height and Weight 3–17 years;
    - Adolescent Screening: Screened for Tobacco Use and Depression;
    - Perinatal Care: All measures except Screened for Postpartum Depression;
    - Many measures for Children with Special Health Care Needs had small sample sizes, but of those with sufficient samples, the modified HEDIS Annual Dental Visit, modified HEDIS Well Child Ages 3–6 and modified Adolescent Well Care performed above the statewide average for 3 of the aid categories; and
    - Measures related to EPSDT Dental Services were above the state averages for all but one sub-category.
- Aetna Better Health submitted five PIP reports on quality of care: 1)"Decreasing Avoidable Hospital Readmissions" (final report); 2)"Follow-up Care for Children Prescribed ADHD Medication (formerly titled Secondary Prevention by Supporting Families of Children with ADHD)" (interim report); 3)"Use of Antipsychotics in Children and Adolescents" (interim report); 4)"Increasing Comprehensive Diabetes Testing and Screening" (interim report); and 5)"Preventive Care for Members with Serious Mental Illness (SMI)" (baseline report). Strengths included: strong rationales supported by data, clearly defined indicators derived from HEDIS and robust intervention strategies that include gap reports, provider and member outreach, collaboration with community health centers and elementary schools, member and provider resource packets, tracking systems for provider and member outreach and education. The plan successfully exceeded its goal for Decreasing Avoidable Hospital Admissions with a final rate of 20.27% for HEDIS Plan All Cause Readmission (PCR), and achieved a total compliance score of 90.50 out of 100.
- Aetna Better Health submitted a proposal for the following PIP focused on quality of care: "Prenatal Smoking." For this statewide collaborative topic, Aetna Better Health identified barriers and planned interventions related to members, providers, and the plan. Improvement cannot be assessed, as baseline data is not yet reported. No numeric score is assigned at the proposal phase.

Access to Care/Timeliness of Care:

- Compliance domains related to access were areas of strength for Aetna Better Health. The following domains achieved Full Compliance (3.0 of 3.0 total points): Utilization Management (UM), EPSDT, and Behavioral Health Services. While the other domains earned Substantial Compliance (2.0–2.99 average points): Health Risk Assessment, Access, Care Management, Enrollee Rights and Pharmacy Services.
- Access and Availability measures ranking above the NCQA national Medicaid 50th percentile included:
    - Children and Adolescents Access to PCP (CAP), and
    - Initiation of AOD Treatment: Total.
- Use of Services measures ranking above the NCQA national Medicaid 50th percentile included:
    - Frequency of Ongoing Prenatal Care: 81%+ Expected Visits, and
    - Ambulatory Care: Total Outpatient Visits (AMBA) (per 1,000 member months [MM]).
- Consumer Satisfaction Survey measures ranking above the NCQA national Medicaid 50th percentile included Child survey measures: Getting Needed Care and Getting Care Quickly.

- HK measures related to access to care for Children with Special Health Care Needs were above the state averages for modified HEDIS Children and Adolescents' Access to PCPs (12–24 months, 25 months–6 years, 12–19 years and only one aid category for ages 7–11). For Access to Care measures, children 12 -24 months had 100% rate for visit to a primary care physician during the measurement year (MY). Rates for annual visits to a PCP exceeded 90% for all other age groups, with those 25 months to 6 years old having the highest rate at 95.61%.
- For the CMS-416 EPSDT Dental Services measures as part of the HK PMs, Aetna Better Health of Kentucky's rates for 6 of 7 measures exceeded the statewide averages. It is important to note however, that substantial opportunity for improvement exists.
- Related to HEDIS Use of Services measures, the plan performed above the national Medicaid averages for the following: Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC) and Ambulatory Care: Total Outpatient Visits (AMBA). Additionally, the plan had more than average maternity discharges when compared with Medicaid plans nationally.
- Aetna Better Health submitted a baseline report for the following PIP focused on access to and timeliness of care: "Improving Postpartum Care." Strengths of the PIP include: focus on physical health (postpartum visits) and mental health (postpartum depression) and use of HEDIS PMs as PIP indicators. The plan is encouraged to continue to track process measures. Improvement cannot be assessed as baseline data are not yet reported. No numeric score is assigned at the proposal phase.
- The MCO submitted a PIP proposal entitled "Increasing Follow-up Care after Hospitalization for Mental Illness" as measured by the HEDIS measures for follow-up visits after a hospital stay due to mental health reasons within 7 and 30 days of discharge. Outreach interventions, member incentives and plan collaboration with provider groups contracted by the plan's mental health vendor are planned.

<u>Aetna Better Health – Opportunities for Improvement</u>

Quality of Care:

- Of the 211 total elements reviewed in the 2017 Compliance Review, four (4) elements required corrective action. Two (2) elements under Program Integrity received minimal compliance determinations and one (1) element in the MCO's Grievance System review was found to be non-compliant.
- HEDIS measures ranking below the NCQA national Medicaid 25th percentile included:
    - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) – all 3 numerators,
    - Human Papillomavirus Vaccine for Female Adolescents (HPV),
    - Breast Cancer Screening (BCS),
    - Use of Spirometry Testing in the Assessment of COPD (SPR),
    - Comprehensive Diabetes Care: Eye Exam Performed,
    - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC),
    - Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total (APM),
    - Appropriate Treatment for Children with URI,
    - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB), and
    - Use of Imaging Studies for Low Back Pain (LBP).
- As in 2014 and 2015, the rates for HEDIS Board Certification continue to present an opportunity for improvement particularly for geriatricians, family medicine, internal medicine and other physician specialists.
- RY 2016 Adult and Child Consumer Assessment of Healthcare Providers and Systems (CAHPS©) 5.0H metrics for member satisfaction with network providers showed below average rankings for Rating of All Health Care, Rating of Personal Doctor and Rating of Health Plan.
- HK measures below the statewide average offer an opportunity for improvement and include Adults having a Healthy Weight for Height and Cholesterol Screening; Child and Adolescents having a Healthy Weight for Height and Adolescents being Screened for Alcohol/Substance Use and Sexual Activity. Perinatal Care measures below the state average were Receiving Intervention for Tobacco Use or Alcohol Use and being Screened for Postpartum Depression.
- Aetna Better Health's PIP focused on quality of care, "Follow-up Care for Children Prescribed ADHD Medication" (formerly "Supporting Families of Children with ADHD") changed its PIP indicator to the HEDIS measure for ADHD and revised the timeline for this PIP, changing the baseline year from calendar year (CY) 2013/HEDIS 2014 to CY

2014/HEDIS 2015. As a result of the change in timeline, the MCO will not be submitting a final report for this PIP until 2017.Between baseline and interim years, indicator rates did not change significantly and are still falling short of the goals set for this PIP.

- Aetna Better Health submitted the interim measurement for the following PIP focused on quality of care: "Use of Antipsychotics in Children and Adolescents." The MCO failed to include three of six (3 of 6) DMS-required indicators in the methodology. Strengths included a strong rationale supported by literature and data and a database tool developed by the plan to identify members receiving antipsychotics and in need of intervention. At the interim phase, the MCO received an interim compliance score of 48.50.

Access to Care/Timeliness of Care

- Of the four (4) elements requiring corrective action, one element was related to Access.
- Despite fairly strong performance on the HEDIS measure for Initiation for AOD Treatment: Total, Engagement of AOD Treatment: Total ranked below the NCQA national Medicaid 25th percentile. Postpartum Care also ranked below the NCQA national Medicaid 25th percentile.
- Once again, despite strong performance on HEDIS Children and Adolescents' Access to Primary Care Practitioners (CAP); access to well-care services for children and adolescents is in need of improvement as rates for Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) were below the NCQA national Medicaid 25th percentile.

Recommendations for Aetna Better Health

Quality of Care:

- Maintain the substantial and full compliance that was achieved in the current annual review and focus improvement on implementing IPRO review recommendations.
- Determine barriers and consider interventions to improve performance for HEDIS measures which fell below the NCQA national 25th percentile and for HK PM rates below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period.
- Continue to evaluate the root causes for low member satisfaction with network providers and the health plan, as demonstrated by continued performance below national averages for Adult and Child CAHPS 5.0H.
- Based on preliminary compliance scores for Interim PIP reports, implement corrective actions to improve the methodological soundness and success of each of the current PIPs.

Access to Care/Timeliness of Care:

- Maintain the substantial and full compliance that was achieved in the current annual review and focus improvement on implementing IPRO review recommendations.
- Implement interventions to improve the rates for HEDIS measures which fell below the NCQA national 25th percentile and HK PM rates below the statewide aggregate rate, particularly those that have shown poor performance for more than one reporting period.

Anthem Blue Cross and Blue Shield Medicaid

Anthem Blue Cross and Blue Shield (BCBS) Medicaid – Strengths

Quality of Care:

- Anthem BCBS Medicaid performed well in their 2017 Compliance Review. The MCO received a partial review totaling 170 applicable elements, of which 95% were determined to be fully or substantially compliant. The following domains related to Quality received overall Substantial Compliance (a score of 2–2.99 points): Grievances, Medical Records, Program Integrity, Quality Measurement and Improvement and Structure and Operations. None of the Quality domains received an overall Full compliance rating.
- Anthem BCBS Medicaid performance exceeded the weighted average of all MCOs for the following Healthy Kentuckian metrics pertinent to quality: Perinatal Screening: Received Intervention for Tobacco Use. Many of the denominators for the Children with Special Health Care Needs measures were less than 30 for Anthem BCBS Medicaid in RY 2016.
- MCO performance was above the NCQA national average for the following HEDIS metrics:

    - Adult BMI Assessment (ABA),
    - Medication Management for People with Asthma (MMA): 50% and 75% compliance,
    - Controlling High Blood Pressure (CBP),
    - Diabetes: HbA1c Testing and Blood Pressure Control,
    - Behavioral Health: Antidepressant Medication Management (both for Acute and Continuation Phase); Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication; Diabetes Monitoring for People with Diabetes and Schizophrenia and Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia, and
    - Overuse/Appropriateness: Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC), a measure where a lower rate reflects better performance was ranked below the NCQA national Medicaid 25th percentile
- Board Certification of Providers ranking above the NCQA national Medicaid 50th percentile included internal medicine, obstetrician/gynecologists, geriatricians and other physician specialists.
- Consumer Satisfaction measures ranking above the NCQA national Medicaid 50th percentile included:
    - Adult: How Well Doctors Communicate, Customer Service, Rating of All Health Care, Rating of Personal Doctor and Rating of Health Plan, and
    - Child: How Well Doctors Communicate and Rating of Personal Doctor.
- The MCO submitted one interim PIP report focused on quality of care: Use of Antipsychotics in Children and Adolescents. As a new health plan, there was a limited population of children and adolescents, resulting in a low denominator for the initial MY 2014 and in MY 2015 the MCO reported only three (3) of the six (6) study indicators. Strengths of the proposal included a rationale supported with national statistics and inclusion of process measures to track the interventions. Provider interventions focused on direct outreach to providers prescribing antipsychotics but not compliant with metabolic testing along with outreach calls to parents/guardians regarding the need for first-line psychosocial care.
- The MCO submitted a baseline PIP report on quality of care entitled: Preventive Care for Members with Serious Mental Illness (SMI; statewide collaborative), which aims to improve receipt of screening and interventions for physical and behavioral health among members with serious mental illness, i.e., schizophrenia or bipolar disorder. Baseline data was submitted for six (6) of the seven (7) study indicators. The MCO identified interventions for members, providers and health plan.
- Two PIP proposals for 2017–2019 are also focused on quality of care: Increasing Cervical Cancer Screening and Prenatal Smoking. Both proposals include interventions for providers, members and health plan.

Access to Care/Timeliness of Care:

- Compliance domains related to Access performed well in the 2017 Compliance Review. The following domains achieved Full Compliance (3.0 of 3.0 total points): Enrollee Rights, EPSDT and Access. The MCO earned overall Substantial compliance for the following compliance domains related to Access and Timeliness: Behavioral Health Services, Case Management, Health Risk Assessment, Pharmacy Benefits and Utilization Management.
- HEDIS measures for Access/Availability that ranked above the NCQA national average included: Adults' Access to Preventive/Ambulatory Health Services (AAP) – 65+ years; Children and Adolescents' Access to PCP (CAP) – 7–11 years; Initiation of AOD Treatment: Total; Call Answer Timeliness (CAT) and Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC).
- Consumer satisfaction measures related to access/timeliness that ranked above the NCQA national 50th percentile for adults were Getting Needed Care and Getting Care Quickly, while the Child CAHPS rated Getting Care Quickly above the NCQA national 50th percentile.
- The MCO submitted two PIP reports focusing on access: an interim report, "Reducing Avoidable Emergency Department Utilization While Increasing Primary Care Visits," and a baseline report "Increasing Annual Dental Visits in the EPSDT Population." Strengths included a strong rationale supported by data and national statistics and inclusion of process measures to track the interventions that are robust. High frequency ED members are targeted for case management and high volume PCP practices will receive ED utilization data generated by the health plan. The plan has developed a robust set of interventions for "Increasing Annual Dental Visits in the EPSDT Population" including onsite visits to Public Health Departments, member telephone reminders and health plan collaboration with school-based dental programs.

Anthem BCBS Medicaid – Opportunities for Improvement

Quality of Care:

- Of the 170 total elements reviewed in the 2017 Compliance Review, six (6) elements related to Quality of Care required corrective action: One (1) element under Grievance System; three (3) elements under Program Integrity and two (2) elements under Measurement and Improvement.
- Anthem BCBS Medicaid underperformed the statewide average for the majority of the Healthy Kentuckian measures pertinent to quality including all Adult Preventive Care, all Child and Adolescent Care and all but one Perinatal Screening measures. Compared to the previous year, there were considerable decreases noted across perinatal measures for screening, education and counseling.
- MCO performance was below the NCQA national 25th percentile for the following HEDIS metrics:
    - Prevention and Screening: WCC – Counseling for Nutrition; Childhood Immunization Status: Combo 3 (CIS); Immunizations for Adolescents – all 3 numerators; HPV for Female Adolescents (HPV); Lead Screening in Children (LSC); Cervical Cancer Screening (CCS);
    - Asthma Medication Ratio (AMR);
    - Persistence of Beta-Blocker Treatment After a Heart Attack (PBH);
    - Diabetes: HbA1c Control (<7%) and Eye Exam Performed;
    - Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART);
    - Behavioral Health: Follow-up Care for Children Prescribed ADHD Medication (ADD) – Initiation and Continuation Phases; Follow-up After Hospitalization for Mental Illness (FUH) – 7- and 30-day; Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total (APM);
    - Annual Monitoring for Patients on Persistent Medications (MPM) – Digoxin; and
    - Overuse/Appropriateness: Appropriate Treatment for Children with URI (URI); Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB); Use of Imaging Studies for Low Back Pain (LBP).

Access to Care/Timeliness of Care:

- Of the nine (9) total elements requiring corrective action, three (3) were related to Access to Care, under Case Management.
- Opportunities for improvement exist for the following HEDIS Access and Availability measures: Adults' Access to Preventive/Ambulatory Health Services – Total (AAP); Children and Adolescents' Access to PCP (CAP) – 12–24 months, 25 months–6 years and 12–19 years; Annual Dental Visit (ADV); Engagement of AOD Treatment Total; Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP). Also ranked lower than the NCQA national 25th percentile were Well-Child Visits in the First 15 Months of Life: 6+ Visits (W15); Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34) and Adolescent Well-Care Visits (AWC).
- Anthem BCBS Medicaid underperformed for all the Access to Care measures that could be reported for Children with Special Health Care Needs. Approximately one-fifth of children with special health care needs had an annual dental visit (19.8%). Well child visit rates for CHCSN ranged from 25% (ages 15 months and 12–21 years) to 32.14% (ages 3–6 years). Approximately 17% of all children had any EPSDT dental services or oral health services.

Recommendations for Anthem BCBS Medicaid

Quality of Care:

- Implement corrective action for the minimally and non-compliant elements on the 2017 Compliance Review related to Quality of Care (Grievances, Program Integrity and Quality Measurement and Improvement).
- Develop and implement quality improvement interventions to address HEDIS and Healthy Kentuckian measures that underperformed the NCQA national average and the Kentucky statewide average, respectively.

Access to Care/Timeliness of Care:

- Implement corrective action for the minimally compliant review domain related to Access to Care (Care Management).
- Develop and implement quality improvement interventions to address HEDIS and HK measures that underperformed the NCQA national benchmarks or Kentucky statewide averages, respectively.

Humana-CareSource

It is important to note that RY 2016 was Humana-CareSource's second year for reporting data for the statewide service area. Therefore trended performance should be viewed with caution.

Humana-CareSource – Strengths

Quality of Care:

- Humana-CareSource demonstrated strong performance in their 2017 Compliance Review related to Quality of Care. The MCO received a full review totaling 779 applicable elements, of which 99.7% were determined to be fully or substantially compliant. The following Quality of Care domains received overall Full Compliance (a score of 3.0 points): Medical Records, Quality Measurement and Improvement, Health Information Systems and Delegation. The following domains received overall Substantial Compliance (a score of 2–2.99): Grievances, Program Integrity and Structure and Operations.
- Humana-CareSource improved their HEDIS performance in the 2016 RY with the following measures ranking at or above the NCQA national Medicaid 50th percentile:
    - Prevention and Screening: Chlamydia Screening in Women (CHL);
    - Respiratory Conditions: Appropriate Testing for Children with Pharyngitis (CWP) and Medication Management for People with Asthma (MMA) – 50% and 75% Compliance;
    - Diabetes CDC): HbA1c Testing and Medical Attention for Nephropathy;
    - Behavioral Health: Antidepressant Medication Management (AMM) – acute and continuation phases; Follow-up Care for Children Prescribed ADHD Medication (ADD) – initiation and continuation phases; Diabetes Screening for People with Schizophrenia or Bipolar Disorder on Antipsychotic Medications (SSD); Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD); and Annual Monitoring for Patients on Persistent Medications (MPM) – all numerators; and
    - Overuse/Appropriateness: Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC), a measure where a lower rate reflects better performance was ranked below the NCQA national Medicaid 25th percentile.
- Humana-CareSource maintained strong performance in member satisfaction for adult members with providers and the MCO as reflected in the Adult CAHPS 5.0H results for How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often and Rating of Health Plan, all of which ranked above national Medicaid averages. Customer Service ranked above the NCQA national average for the Child survey.
- The following HK PMs performed above the statewide average in RY 2016: Adult Preventive Care: Positive Screening for Tobacco Use and Received Intervention for Tobacco Use; Perinatal Screening: Received Intervention for Tobacco Use. Many measures for Children with Special Health Care Needs had small denominators and could not be interpreted.
- Humana-CareSource submitted the final measurement for the following PIP focused on quality of care: "Improving Compliance with Antidepressant Medication Treatment among HCS Members with Depression." The MCO met and exceeded its goals for improvement for both PIP indicators and achieved a score of 97.5 points on the final evaluation.
- An interim report was submitted on another PIP focused on quality of care: "Safe and Judicious Antipsychotic Use for Children and Adolescents." This statewide collaborative PIP was based on a well-developed rationale supported by data and clinical practice guidelines. With a creative intervention strategy involving provider, member and health plan interventions, rates improved from baseline to interim for Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics, Follow-up Visit for Children/Adolescents on Antipsychotics and Metabolic Screening for Children/Adolescents Newly on Antipsychotics. The interim rates for these last two indicators also exceeded the target rates. The interim measurement compliance score for this PIP was 59.5.
- Humana-CareSource submitted two baseline reports for the following PIPs focused on quality of care: "HbA1c Control," and "Effectiveness of Coordinated Care Management on Physical Health Risk Screenings in the Seriously Mentally Ill." The "HbA1c Control" PIP seeks to improve Humana-CareSource' rates for HEDIS measures of HbA1c testing and lower the incidence of poor control (HbA1c>9). Interventions for providers, members and health plan provide a multi-faceted approach to achieve their goals. The "Effectiveness of Coordinated Care Management on Physical Health Risk Screenings in the Seriously Mentally Ill" is a statewide collaborative PIP focused on improving care management of physical health risk screenings for the targeted SMI population. Strengths include interventions

to develop a member profile report for ongoing risk monitoring, follow-up and care coordination. There are no numeric scores for compliance for these baseline reports.

- Humana-CareSource submitted a proposal for one PIP related to quality entitled: "The Effectiveness of Prenatal Smoking Cessation Intervention" which is intended to increase the rate of prenatal screenings for tobacco use and prenatal smoking abstinence through a robust set of interventions.

Access to Care/Timeliness of Care:

- Compliance domains related to Access demonstrated strong performance in the 2017 Compliance Review. The following domains achieved Full Compliance (3.0 of 3.0 total points): Enrollee Rights, Member Outreach and Pharmacy Benefits. Substantial Compliance was achieved for the following compliance domains related to Access and Timeliness: Behavioral Health Services, Case Management/Care Coordination, EPSDT, Health Risk Assessment, Access and Utilization Management.
- The following HEDIS 2016 measures related to Access and Availability were ranked at or above the NCQA national Medicaid 50th percentile: Initiation of AOD Treatment: Total; Call Answer Timeliness (CAT); Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP); and Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC).
- Adult and Child CAHPS 5.0H results revealed strong member satisfaction with Getting Needed Care and Getting Care Quickly.
- Regarding HK performance measures for the CHSHCN population, 96.43% of children 12 to 24 months had access to a PCP, 92.31% of children 25 months to 6 years old had access to a PCP and for children in age groups 7–11 and 12–19 years, nearly 84% of children in those groups had access to a PCP for RY 2016. Approximately half of the CHSHCN population under 21 years of age had an annual dental visit (51.23%). A gradual improvement in rates can be seen from prior year's reported rates.
- A total of 41.91% of CHSHCN children 12–21 years old and 67.72% of children 3–6 years old had an annual well-child visit. The rate of children 12–24 months old well-child visits with 6+ visits was quite low (14.06%); since prior year rates were not provided for this age group, a trend could not be noted.
- Humana-CareSource submitted the final measurement for the PIP focused on access to/timeliness of care: "Emergency Department (ED) Use Management." While the MCO did not achieve its goal for improvement for either PIP indicator, and in fact, the rates increased (a lower rate is better performance in this case), this PIP achieved a final compliance score of 79.5 out of 100.
- Humana-CareSource submitted the interim measurement for the following PIP focused on access to/timeliness of care: "Increasing Postpartum Care Visits." The rate of postpartum visits increased from baseline to interim, but did not yet meet or exceed the goal of a 5 percentage point increase by MY 2016. The rate for depression screening increased from baseline to interim measurement, while the rate of family planning screening during the postpartum visit remained steady at 100%. The interim compliance score for this PIP was 62.02 out of 100.
- The MCO submitted one PIP proposal related to access to care: "Improving Well-Child Visits in the First Six Years of Life." This PIP proposes interventions for providers, members and health plan in order to improve the percentage of members of 0–6 years of age who receive recommended well-child visits.

<u>Humana-CareSource – Opportunities for Improvement</u>

Quality of Care:

- Of the 779 total elements reviewed in the 2017 Compliance Review, the only two (2) elements requiring a corrective action plan were related to Quality of Care, in the domain for Grievances.
- Performance on HEDIS Effectiveness of Care measures continues to present opportunities for improvement particularly for measures ranking below the NCQA national 25th percentile:
  - Prevention and Screening: Adult BMI Assessment (ABA); Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC); Childhood Immunization Status (CIS): Combo 3; , Immunizations for Adolescents (IMA) – all 3 numerators; HPV for Female Adolescents (HPV), Lead Screening in Children (LSC), and Cervical Cancer Screening (CCS);
  - Respiratory Conditions, Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR);
  - Cardiovascular Conditions: Controlling High Blood Pressure (CBP);
  - Diabetes: HbA1c (<8% and <7%); Eye Exam Performed and Controlling High Blood Pressure (CBP);

- Behavioral Health: Follow-up After Hospitalization for Mental Illness (FUH) – 7- and 30-day follow-up; and Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA); and
- Overuse/Appropriateness: Appropriate Treatment for Children with URI (URI); Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) and Use of Imaging Studies for Low Back Pain (LBP).

· Substantial opportunity for improvement exists among the quality-related HK PMs. The majority of Humana-CareSource's HK measures underperformed compared to the statewide average including areas of adult, child and adolescent preventive care, perinatal screening and EPSDT dental services.
· Regarding Board Certification of Network Providers (BCR), rates for all specialties fell below the national 25th percentile.
· Despite strong performance related to member satisfaction with providers and the MCO on the Adult and Child CAHPS 5.0H, results for the Child CAHPS 5.0H showed room for improvement in Rating of Personal Doctor and Rating of Health Plan.
· Interim PIP findings indicate an opportunity for improvement in study indicators for "Safe and Judicious Safe and Judicious Antipsychotic Use for Children and Adolescents" that did not improve between baseline and interim measurement, especially the Use of Multiple Concurrent Antipsychotics in Children/Adolescents (APC) which was 63.1% at interim, with a targeted rate of 0% by MY 2016.

Access to Care/Timeliness of Care:

· Improvement for the following HEDIS 2016 Access and Availability measures is indicated by rates falling below the NCQA 25th percentile: Children and Adolescents' Access to Primary Care Practitioners (CAP) – 25 months-6 years and 7–11 years; Engagement of AOD Treatment: Total; as well as Well-Child Visits in the First 15 Months of Life – 6+ Visits (WC15), Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (WC34) and Adolescent Well-Care Visits (AWC).
· A total of 41.91% of CHSHCN children 12–21 years old and 67.72% of children 3–6 years old had an annual well-child visit. The rate of children 12–24 months old well-child visits with 6+ visits was quite low (14.06%); since prior year rates were not provided for this age group, a trend could not be noted.
· Interim PIP findings indicate an opportunity for improvement in readmission rates within 60 days after delivery with a postpartum visit.

<u>Recommendations for Humana-CareSource</u>

Quality of Care:

· Maintain current level of performance for compliance domains that achieved full and substantial compliance. Implement corrective action plans required for the two (2) minimally compliant elements regarding Grievances.
· Conduct barrier analyses to help identify root causes for HEDIS measures that were below the NCQA national 25th percentile and Healthy Kentuckian measures below the statewide average. Seek to prioritize improvement efforts that will have the greatest impact on performance.
· Focus current and new interventions on interim PIP study indicators that are not improving including Use of Higher-than-Recommended Doses of Antipsychotics in Children/Adolescents, Use of Multiple Concurrent Antipsychotics in Children/Adolescents and Metabolic Monitoring for Children/Adolescents on two or more Antipsychotics.

Access to Care/Timeliness of Care:

· Conduct barrier analyses to help identify root causes for HEDIS and HK measures that were below the NCQA national 25th percentile or statewide average, with particular attention on metrics for children and adolescent's access to PCPs and perinatal screening.

Passport Health Plan

<u>Passport Health Plan – Strengths</u>

Quality of Care:

· Passport Health Plan had a full review totaling 779 applicable elements, of which 100% were determined to be fully or substantially compliant. Zero (0) elements required corrective action. The following Quality of Care domains

received overall Full Compliance (a score of 3.0 points): Program Integrity, Quality Measurement and Improvement, Health Information Systems and Delegation. And the following domains received overall Substantial Compliance (a score of 2–2.99): Grievances, Structure and Operations and Medical Records.

- The plan performed strongly with respect to the HEDIS 2016 Effectiveness of Care measures with 33 out of 50 measures (66%) at or above the NCQA national Medicaid 50th percentile. By domain, Passport Health Plan's rates were above the national average for 11 out of 13 Prevention and Screening measures; six (6) out of seven (7) Respiratory Conditions measures; one (1) of two (2) Cardiovascular Conditions measures; one (1) of seven (7) Diabetes measures; nine (9) of 11 Behavioral Health measures and three (3) of four (4) Medication Management measures. The Diabetes measure, HbA1c Poor Control, where a lower rate reflects better performance was ranked below the NCQA national 25th percentile.
- Consumer satisfaction rates for Passport Health Plan showed high levels of satisfaction above the NCQA national 50th percentile for the Adult survey: Customer Service, Rating of Personal Doctor and Rating of Health Plan and on the Child survey: Customer Service, Rating of All Health Care, Rating of Specialist Seen Most Often and Rating of Health Plan. Of special note, the Adult Rating of Health Plan was at or above the NCQA national 90th percentile and this same measure on the Child survey ranked above the 75th percentile.
- On the HK PMs, the MCO had high rates for children 3–17 years old with documentation of height and weight (91.17%), and decent rates for healthy weight for height (62.02%). Rates for the two measures were similar for the two age groups, 3–11 and 12–17 years old. Passport Health Plan had the highest rates for documentation of height and weight for 3–17 years old children amongst the MCOs. Perinatal measures showed moderate increases across various screening measures such as alcohol use, tobacco use, substance use and various other measures. Children's access to PCP measures exceeded 90% for all age groups. Children 12–24 months and 12–19 years of age had approximately 97% of its respective age group visiting a PCP during the measurement period versus 91.17% of children 25 months to 6 years of age and 93.36% of 7–11 year olds.
- Passport Health Plan submitted a final remeasurement report on the following PIP related to quality: "Psychotropic Drug Intervention Program (PDIP)." With interventions for providers and members focusing on outreach and education, the HEDIS Antidepressant Medication Management: Continuation measure increased slightly and indicators for Poly-Pharmacy: Multi-Class 2 and 3 improved with slightly lower rates achieved in the final remeasurement. This PIP met compliance with a final numeric score of 91 out of 100.
- Passport Health Plan submitted two interim PIPs focused on quality: "Development and Implementation of an Asthma Action Plan" and "Use of Antipsychotics in Children and Adolescents." The Asthma Action Plan PIP, which received DMS approval to report baseline data for MY 2014 rather than MY 2013, had a robust set of interventions for providers, members and health plan. The HEDIS Asthma Medication Ratio (AMR) increased from 71.77% at baseline to an interim measurement of 74.53%. The MCO received an interim compliance score of 50 out of 100.
- Interim report findings for the "Use of Antipsychotics in Children and Adolescents" PIP presented a multi-faceted strategy for interventions for providers, members and health plan including several creative approaches such as electronic medical record charting tools, pocket guides and lunch-and-learn sessions; member outreach in the foster care system and school-based liaisons. Collaboration with a child guidance center offered a pilot project to place psychiatrists or fellows at rural pediatric practices. For Metabolic Monitoring, Use of Concurrent Antipsychotics and Use of Higher-Than-Recommended Dosages of Antipsychotics, a lower rate was achieved by the interim measurement, but none were as low as the targeted goal. Positive improvement was also evident for Follow-up Visits and Metabolic Screening for children/adolescents newly on antipsychotics and both measures exceeded the targeted goal.
- One baseline PIP report was submitted on the topic of quality entitled: "Integrated Healthcare: The Collaboration of Behavioral Health and Primary Care," which seeks to improve primary care services for the SMI plan members through improved coordination of primary care and behavioral health care. With a broad set of study indicators, this statewide collaborative PIP focuses on interventions for case management, development of provider resources and tools to assist in increased screenings for body mass index, cholesterol and tobacco use for people with schizophrenia or bipolar disorder.

Access to Care/Timeliness of Care

- Regarding compliance with standards, Passport Health Plan demonstrated strong performance related to these Access to Care/Timeliness of Care domains, achieving Full Compliance (3.0 of 3.0 points): Case Management,

Member Outreach, EPSDT, Health Risk Assessment, Pharmacy Services and Utilization Management; and earning Substantial Compliance (2.0–2.99 points) for Behavioral Health Services, Enrollee Rights and Access.

- The plan exceeded the NCQA national average for nine (9) of fifteen (15) HEDIS Access and Availability measures, including Adults' Access to Preventive/Ambulatory Health Services (65+ years), Children's and Adolescents' Access to Primary Care (all age groups), Initiation of AOD Treatment: Total, Prenatal and Postpartum Care and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP).
- The HEDIS Use of Services also showed strong performance, three (3) of four (4) measure rates exceeding the national average, including: Frequency of Ongoing Prenatal Care: ≥ 81% Expected Visits, Well-Child Visits in the First 15 Months of Life: 6+ Visits and Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life.
- The plan exceeded the NCQA national averages for the CAHPS 5.0 Adult survey items Getting Needed Care and Getting Care Quickly, but these measures were below the NCQA national averages in the CAHPS 5.0 Child survey.
- Passport Health Plan's rates for the HK PMs related to access to care for CSHCNs exceeded the statewide aggregate rate for modified HEDIS Children and Adolescents' Access to PCPs Total for members 12–24 years old and the rate for other age groups, while not exceeding the statewide rate were all above 90%.
- Passport Health Plan conducted a PIP focused on appropriate use of antipsychotics in children and adolescents (interim). A key strength pertinent to access is that Passport Health Plan is conducting a pilot program to address access to psychiatric services in rural areas via tele-health and placing behavioral health practitioners in rural primary care settings.
- The MCO submitted an interim measurement report on one PIP related to access to/timeliness of care: "Reducing Readmission Rates of Postpartum Members." Strengths of this PIP include strong rationale based on data and literature and robust intervention strategy focused on providers, members and health plan. The plan reports an enhanced care management system.
- Passport Health Plan submitted one access related baseline report called "Promoting Healthy Smiles through Increased Utilization of Preventative Dental Care." The MCO has recruited multiple partners in conducting this PIP. The project topic selection is supported by national statistics, health services literature, state statistics, and MCO-specific data. Interventions include education and outreach for providers and members and plans to conduct fluoride varnish training for pediatricians. The MCO is also developing an outreach strategy with dental network providers for implementation of mobile dental van at target school health centers.

<u>Passport Health Plan – Opportunities for Improvement</u>

Quality of Care:

- There were relatively few HEDIS measures that ranked below the NCQA national 25th percentile. These metrics indicate opportunities for improvement and include the following Overuse/Appropriateness measures:
    - Appropriate Treatment for Children with URI (URI),
    - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB), and
    - Use of Imaging Studies for Low Back Pain (LBP).
- In a measure where a lower rate reflects better performance, Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS), was ranked above the NCQA national 90th percentile for Passport Health Plan. All Kentucky MCOs performed poorly on this measure as compared to the national benchmark.
- As in the previous year, Passport Health Plan performed below the NCQA national average for the HEDIS Board Certification metric across all specialties, i.e., Family Medicine, Internal Medicine, Obstetrician/Gynecologist, Pediatricians, Geriatricians and Other Physician Specialists.
- Opportunities for improvement on HK measures include several perinatal screening measures below the statewide average, modified HEDIS Annual Dental Visit and the CMS 416 EPSDT Dental Services for all sub-categories.
- Regarding the Asthma Action Control PIP indicators, only the HEDIS Asthma Medication Ratio indicator showed some improvement from baseline to interim measurement but none of the indicators met or exceeded the target goal. The therapy indicators are not improving and need to be addressed prior to final report.
- Passport Health Plan's PIP on the "Use of Antipsychotics in Children and Adolescents" (interim measurement) showed improvement in most of the study indicators with the exception of Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics. The interim compliance score for this PIP was 30 out of 100.

Access to Care/Timeliness of Care

- Engagement of AOD Treatment: Total was the only HEDIS Access/Availability measure that rated below the NCQA national 25th percentile for Passport Health Plan. Other measures below the NCQA national average include Adults' Access to Preventive/Ambulatory Health Services (AAP) (20–44 years, 45–64 years and Total); Annual Dental Visit (ADV) and Call Answer Timeliness (CAT).
- Opportunities for improvement are indicated for several Child CAHPS 5.0H consumer satisfaction measures ranking below the NCQA national 50th percentile: Getting Needed Care and Getting Care Quickly.
- The interim PIP measurement report for Reducing Readmission Rates of Postpartum Members did not show any improvement in rates for the two selected indicators. The plan is strongly encouraged to report process measure/intervention tracking measure data, as well as all performance improvement data, in the Final PIP Report. The plan should utilize quarterly process/intervention tracking measure data to interpret the success of/barriers to interventions over time, and modify interventions as needed.

Recommendations for Passport Health Plan

Quality of Care:

- Focus improvement efforts on rates for HEDIS measures that perform below the NCQA national 25th percentile.
- Conduct barrier analyses and implement strategies to improve member satisfaction for adults in How Well Doctors Communicate, Rating of All Health Care and Rating of Specialist Seen Most Often.
- In collaboration with other Kentucky MCOs seek to improve the ratio of board certified physicians in Passport Health Plan's provider network.
- Review and implement the EQRO recommendations for each of the interim and baseline PIPs, particularly those related to indicators for the antipsychotics in children/adolescents, asthma and the collaboration of behavioral health and primary care.

Access to/Timeliness of Care:

- Focus improvement efforts on rates for HEDIS measures that perform below the NCQA national 25th percentile.

WellCare of Kentucky

WellCare of Kentucky – Strengths

Quality of Care:

- WellCare of Kentucky had a partial review totaling 204 applicable elements, of which 100% were determined to be fully or substantially compliant. Zero (0) elements required corrective action. The MCO showed exceptionally strong performance for the following quality-related compliance domains receiving Full Compliance determinations (3.0 points): Medical Records, Quality Measurement and Improvement, Health Information Systems and Delegation. Review areas receiving Substantial Compliance (2.0–2.99 points) for quality include: Grievances, Program Integrity and Structure and Operations.
- Nineteen (19) out of 50 HEDIS Effectiveness of Care measures were rated above the NCQA Medicaid National 50th percentile for the following measures of quality of care:
    - Adult BMI Assessment (ABA),
    - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR),
    - Medication Management for People with Asthma (MMA) – 50% and 75% Compliance,
    - Asthma Medication Ratio (AMR),
    - Persistence of Beta-Blocker Treatment After a Heart Attack (PBH),
    - Diabetes (CDC) – HbA1c Testing, HbA1c Control (<7.0%), Medical Attention to Nephropathy,
    - Antidepressant Medication Management (AMM) – Acute and Continuation Phases,
    - Follow-up Care for Children Prescribed ADHD Medication (ADD) – Initiation and Continuation Phases,
    - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (SSD),
    - Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD),
    - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA),
    - Annual Monitoring for Patients on Persistent Medications (MPM) – ACE Inhibitors or ARBs, Diuretics, Total, and

- Diabetes (CDC) – HbA1c Poor Control (>9.0%; a measure where a lower rate reflects better performance was ranked below the NCQA national 25th percentile).

- The plan performed well in regard to consumer satisfaction with providers and the MCO, as demonstrated by rates above NCQA national average for the Adult CAHPS 5.0H survey questions: How Well Doctors Communicate; Customer Service; Rating of All Health Care; Rating of Personal Doctor and Rating of Health Plan. The Child CAHPS 5.0H survey questions above NCQA national average included: How Well Doctors Communicate and Rating of Health Plan.
- WellCare of Kentucky performed well in numerous areas for HK. Adult preventive care measures above the statewide average included BMI Record of Height and Weight (18–74 years), Healthy Weight for Height and Counseling for Physical Activity. BMI rates for all child and adolescent ages were above the statewide average for Recording Height and Weight and for having a Healthy Weight for Height. All Well-Child Visits or Preventive Visits with PCP/ob-gyn submeasures were above the statewide average. Nine (9) out of 14 Perinatal Screening measures exceeded the statewide average. WellCare of Kentucky also showed strong performance for all aid categories for modified HEDIS Annual Dental Visit (2–21 years). All rates for the CMS 416 EPSDT – Dental Services were above the statewide averages.
- WellCare of Kentucky reported a final rate for one PIP in the area of quality "Management of Chronic Obstructive Pulmonary Disease." This PIP incorporated a strong rationale, clearly defined indicators and included a broad intervention strategy that targeted members, providers and health plan systems and processes. Medication prescription rates of systemic corticosteroids and bronchodilators for hospitalized members with COPD and Spirometry Testing improved during the PIP measurement years and were all within one percentage point of meeting the target goals. Compliance was met with a final score of 97.5 out of 100.
- The MCO submitted an interim report for the statewide collaborative "Use of Antipsychotics in Children and Adolescents." This PIP incorporates a strong rationale, clearly defined indicators and broad-based interventions for providers, members and health plan
- A baseline report was completed for the statewide collaborative PIP entitled "Effectiveness of Coordinated Care Management on Physical Health Risk Screenings for Members with Serious Mental Illness (SMI) Population." This PIP had a strong rationale and proposed methodology with a focus on numerous member and provider interventions.
- WellCare of Kentucky submitted one PIP proposal related to quality: "Prenatal Smoking."

Access to Care/Timeliness of Care:

- WellCare of Kentucky showed exceptionally strong performance for all Access to Care/Timeliness related compliance domains, Full Compliance (3.0 points): Behavioral Health Services; Care Management/Case Management; Member Outreach; EPSDT; Health Risk Assessment; Pharmacy Services; Access; Utilization Management
- The MCO exceeded the NCQA national average for the following HEDIS Access and Availability of Care measures: Adults' Access to Preventive/Ambulatory Health Services (AAP – all age groups and total); Children and Adolescents' Access to Primary Care Practitioners (CAP – all age groups); Annual Dental Visit (ADV); Initiation of AOD Treatment (IET) – Total; and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP).
- The MCO demonstrated strong performance in regard to prenatal care as demonstrated by rates above the NCQA national average for Timeliness of Prenatal Care and Frequency of Ongoing Prenatal Care: 81% + Expected Visits.
- WellCare of Kentucky exceeded the NCQA national averages for both the Adult and Child CAHPS 5.0 items Getting Needed Care and Getting Care Quickly.
- HK Access for Children with Special Health Care needs were above the statewide averages for all measures for 21 of the 23 aid sub-categories.
- WellCare of Kentucky submitted a final PIP entitled "Follow-up after Hospitalization for Mental Illness." With a final compliance score of 89.0, this PIP sought to improve follow-up care for members after hospitalization for mental illness. One of the study indicators measuring readmission rates within 30 days of hospitalization with a primary diagnosis of mental illness decreased by two (2) percentage points.
- An interim measurement on the "Postpartum Care" PIP incorporated a strong rationale, clearly defined indicators, and a broad intervention strategy. Results indicated improvement in the HK Postpartum Depression Screening measure which exceeded the target goal set for this indicator.
- WellCare of Kentucky also completed a baseline report on "Improving Pediatric Oral Care" and a proposal to increase the percentage of children and adolescents who receive all recommended immunizations.

WellCare of Kentucky – Opportunities for Improvement

Quality of Care:

- HK PMs related to quality of care continue to present an opportunity for improvement. Rates that fell below the statewide average were: Child and Adolescent members with evidence of both a height and weight; Child and Adolescent members with evidence a healthy weight for height; Adolescent Screening/Counseling: Adolescent Screening for Alcohol/Substance Use, and Adolescent Screening/Counseling for Sexual Activity; as well as Perinatal Screening/Counseling: Screening for Tobacco Use, Screening for Alcohol Use, Screening for Substance Use, Counseling for Nutrition, Counseling for OTC/Prescription Drugs, Screening for Domestic Violence and Prenatal and Postpartum Screening for Depression. Most of these measures were also below the statewide average in RY 2014.
- Opportunities for improvement exist for HEDIS Effectiveness of Care measures ranked below the NCQA national 25th percentile including:
    - Prevention and Screening: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) – all numerators; Immunizations for Adolescents (IMA) – Tdap/Td; HPV for Female Adolescents (HPV); Breast Cancer Screening (BCS);
    - Musculoskeletal Conditions: Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART);
    - Behavioral Health: Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total (APM);
    - Medication Management: Annual Monitoring for Patients on Persistent Medications (MPM) – Digoxin; and
    - Overuse/Appropriateness: Appropriate Treatment for Children with URI (URI); Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB); Use of Imaging Studies for Low Back Pain (LBP).
- In a measure where a lower rate reflects better performance, Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS), was ranked above the NCQA national 90th percentile for Passport Health Plan. All Kentucky MCOs performed poorly on this measure as compared to the national benchmark.
- The MCO as in RY 2014 and RY2015 continues to report all rates below the NCQA national average for all provider types of the HEDIS Board Certification measure, as did most of the Kentucky Medicaid MCOs.
- An opportunity for improvement of Child CAHPS 5.0H measures ranking below the NCQA national 25th percentile include: Customer Service and Rating Personal Doctor.

Access to Care/Timeliness of Care:

- There are opportunities for improvement in all measures below the NCQA national average and especially for those ranked below the national 25th percentile including:
    - Engagement of AOD Treatment: Total,
    - Postpartum Care, and
    - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34).
- WellCare of Kentucky's PIPs related to access to/timeliness of care were generally unsuccessful in achieving improvement. Rates for Follow-up after Hospitalization for Mental Illness decreased over the PIP study period and the 7-day readmission rate increased. The interim measurement for HEDIS Postpartum Care decreased and the readmission rates post-delivery showed no significant improvement. The interventions planned for improving pediatric care in the MCO's baseline report are strongly based on mailings and newsletter articles.

Recommendations for WellCare of Kentucky:

Quality of Care:

- Focus improvement efforts on rates for HEDIS measures that perform below the NCQA national 25th percentile.
- As recommended in previous years, consider collaborating with DMS and the other MCOs to examine the reasons for low rates for physician board certification.

Access to/Timeliness of Care:

- Continue to work to improve HEDIS measure rates which fall below the NCQA national 25th percentile related to access/timeliness.
- Implement the PIP focusing on Pediatric Oral Health, evaluating and modifying the intervention strategy where necessary as the PIP progresses.

Background

Kentucky Medicaid Managed Care Program

History of Kentucky Medicaid Managed Care Program

In December 1995, the Commonwealth of Kentucky was granted approval for an amendment to the Medicaid Access and Cost Containment Demonstration Project. The approved amendment permitted the establishment of eight regional managed care networks consisting of public and private providers to deliver health care services to Medicaid beneficiaries. Each region would have one managed care entity or Partnership, subject to state-specified guidelines. Medicaid beneficiaries would be enrolled into the Partnership designated for their area. The Partnership demonstration was implemented on November 1, 1997. Two (2) partnerships were developed and implemented in Region 3 (Louisville/Jefferson County and 15 surrounding counties) and Region 5 (Lexington/Fayette County and 20 surrounding counties). In 1999, the Region 5 Partnership notified DMS that it could no longer maintain its provider community. In 1999 and 2000, CMS approved amendments to the Commonwealth's waiver program that allowed for a move from a statewide to a sub-state model in order to continue to operate the one remaining partnership plan.

From July 2000 to December 2012, the Commonwealth operated a partnership plan, known as Passport Health Plan only in Region 3 (Louisville/Jefferson County and the 15 surrounding counties). The partnership functioned as a provider-controlled managed care network and contracted with a private health maintenance organization (HMO) to provide the necessary administrative structure (i.e., enrollment, beneficiary education, claims processing, etc.).

In 2011, as a result of an increased demand for cost-effective health care, the Kentucky Cabinet for Health and Family Services (CHFS) and DMS initiated an expansion of the MMC program in order to offer quality health care statewide. In September 2011, CHFS received approval from CMS to operate a Medicaid MCO waiver program for the period of October 1, 2011 through September 30, 2013. The waiver allowed Kentucky to implement a mandatory managed care program statewide. In November 2011, three MCOs, CoventryCares of Kentucky, Kentucky Spirit Health Plan and WellCare of Kentucky, joined Passport Health Plan in offering Medicaid services including those related to behavioral health. With this expansion, Medicaid services in Kentucky were made available statewide, allowing all eligible Kentuckians to enroll in a managed care plan. For the reporting year 2012, Kentucky MCOs operated regionally, as follows: CoventryCares of Kentucky in all regions; Kentucky Spirit Health Plan in all regions, except Region 3; Passport Health Plan in Region 3; and WellCare of Kentucky in all regions. As of July 2013, Kentucky Spirit Health Plan withdrew from the Kentucky MMC program and in January 2013, Humana-CareSource began serving beneficiaries in Region 3 and in 2014, began serving beneficiaries statewide. Also in 2014, Passport Health Plan expanded its service area from Region 3 only to statewide. Anthem BCBS Medicaid joined the program and began enrolling members in January 2014. Anthem BCBS Medicaid served beneficiaries statewide except for Region 3. On May 7, 2013, Aetna acquired Coventry Health Care Inc. resulting in the transition of CoventryCares of Kentucky to Aetna Better Health by February 1, 2016. As of July 1, 2015, each of the five (5) MCOs operates statewide.

In calendar year 2016, the Kentucky MMC program was comprised of the following MCOs with enrollment as of April 2016 listed in Table 2.

Table 2: Kentucky Medicaid MCOs – CY 2016

MCO Name	Enrollment as of April 2016
Aetna Better Health	276,052
Anthem BCBS Medicaid	100,849
Humana-CareSource	125,658
Passport Health Plan	287,255
WellCare of Kentucky	441,691
Total	1,231,505

Kentucky Managed Care Quality Strategy

In September 2012, DMS issued the *Commonwealth of Kentucky Strategy for Assessing and Improving the Quality of Managed Care Services* (the *Quality Strategy*) to outline the goals, objectives and expectations of the expanded Managed Care program.

As part of this *Quality Strategy*, DMS, in collaboration with the Departments for Public Health (DPH) and Behavioral Health, Developmental and Intellectual Disabilities (BHDID), established a set of Medicaid Managed Care Performance Measures which the Medicaid plans would be required to report. The measure set was originally designed to align with the *Healthy Kentuckians 2010 Goals* and demonstrate the state's commitment to the national initiative, *Healthy People 2010*. At that time, HK included ten leading health indicators with related goals and objectives. Other measures, derived from HEDIS were included in the PM data set to allow for comparison to national benchmarks. Together, these PMs address quality, timeliness and access to care provided to individuals enrolled in managed care.

The primary goals of the Kentucky MMC program are to improve the health status of Medicaid enrollees and lower morbidity among enrollees with serious mental illness. DMS has established the following objectives in order to effectively accomplish this goal:

1. Improve access and coordination of care,
2. Provide health care at the local level through the managed care system using public and private providers,
3. Redirect the focus of health care toward primary care and prevention of illness,
4. Monitor and improve the quality of the health care delivery system,
5. Increase health promotion efforts, psychotropic medication management and suicide prevention, and
6. Implement effective and responsive cost management strategies in the health care delivery system designed to stabilize growth in Medicaid costs.

DMS has also identified six health care conditions and utilization trends which present statewide issues and, as such, have been selected as targets for improvement:

- Diabetes,
- Coronary artery disease screenings,
- Colon cancer screenings,
- Cervical/breast cancer screenings,
- Mental illness, and
- Reduction in ED usage/management of ED services.

In an effort to improve overall health care, especially as it relates to those conditions listed above, DMS set the following goals and objectives:

1. Improve preventive care for adults by increasing the performance of the state aggregate HEDIS Colorectal Cancer Screening, HEDIS Breast Cancer Screening and HEDIS Cervical Cancer Screening measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent;
2. Improve care for chronic illness by increasing the performance of the state aggregate HEDIS Comprehensive Diabetes Care and HEDIS Cholesterol Management for Patients with Cardiovascular Conditions measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent;
3. Improve behavioral health care for adults and children by increasing the performance of the state aggregate HEDIS Antidepressant Medication Management and HEDIS Follow-up After Hospitalization for Mental Illness measures to meet/exceed the 2012 Medicaid 50th percentile and 75th percentile, respectively, or to exceed each baseline performance rate by at least 10 percent; and
4. Improve access to medical homes by increasing the performance of the state aggregate HEDIS Adults Access to Preventive/Ambulatory Health Services and HEDIS Children and Adolescents Access to Primary Care Practitioners measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent. In addition, DMS aims to increase the HEDIS Ambulatory Care-Outpatient Visit rate to the Medicaid 50th percentile or by 10 percent and decrease HEDIS Ambulatory Care-ED Utilization rate by 10 percent.

As part of Kentucky's *Quality Strategy*, annual reviews of the effectiveness of the quality plan will be used to update the strategy. Updates will be influenced by the findings of the following annual activities:

1. The EQR Technical Report which summarizes the results of regulatory compliance reviews, PMs, PIPs and optional EQR activities;
2. Participant input, which includes results of annual surveys of members' and providers' satisfaction with quality and accessibility of services, enrollee grievances and public forum;
3. Public input, which is facilitated by the following groups:
    a. MCO-maintained Quality and Member Access Committee (QMAC), comprised of individuals who represent the interests of the member population,
    b. Medicaid Advisory Council, and
    c. Medicaid Technical Advisory Committee(s).

External Quality Review Activities

Annual EQR Technical Report

Kentucky DMS contracted IPRO to conduct the EQR of the health plans participating in the Medicaid Program during 2014–2016 as set forth in 42 CFR §438.356(a)(1). After completing the EQR process, IPRO prepared this *2017 External Quality Review Technical Report for Kentucky Medicaid Managed Care,* in accordance with 42 CFR §438.364. The report describes the manner in which data from activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed and how conclusions were drawn as to the *quality, timeliness* and *access* of the care furnished to Kentucky's Medicaid recipients by the MCOs.

During the past year, IPRO conducted a compliance monitoring site visit, validation of PMs and validation of PIPs for Kentucky MCOs. Each activity was conducted in accordance with CMS protocols for determining compliance with MMC regulations. Details of how these activities were conducted are described in Appendices A–C, and address objectives for conducting the activity; technical methods of data collection; descriptions of data obtained; and data aggregation and analysis.

This Annual EQR Technical Report provides a description of the mandatory EQR activities conducted:

- Monitoring compliance with standards,
- Validation of PMs, and
- Validation of PIPs.

Findings are reported for all health plans participating in Kentucky's MMC program during calendar year 2016: Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan and WellCare of Kentucky. Conclusions drawn from the data and recommendations related to *access, timeliness* and *quality* are presented in the Executive Summary of this report.

Findings, Strengths and Recommendations Related to Health Care Quality, Timeliness and Access

Introduction

This section of the report addresses the findings from the assessment of the Medicaid MCOs' strengths and areas for improvement related to *quality, timeliness* and *access*. The findings are detailed in each subpart of this section (i.e., Compliance Monitoring, Validation of PMs and Validation of PIPs).

This report includes results for each of the five health plans. The results include the MCOs' responses to the recommendations in the previous technical report.

Compliance Monitoring

Review of Medicaid Managed Care Organization Compliance with Regulatory Requirements

This section of the report presents the final results of reviews by IPRO of the compliance of Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan and WellCare of Kentucky with regulatory standards and contract requirements for calendar year 2016.[11] The information is derived from the annual compliance reviews conducted by IPRO in January 2017.

A review, within the previous three-year period, to determine the MCOs' compliance with federal MMC regulations, state regulations and State contract requirements is a mandatory EQR activity as established in the Federal regulations at 42 CFR §438.358(b)(3).

Requirements contained within 42 CFR Subparts C: Enrollee Rights, D: Quality Assessment and Performance Improvement, F: Grievance System and H: Certifications and Program Integrity were reviewed.

For the compliance review process, one of two types of review is conducted for each plan:[12]

1. a "full review" consists of an evaluation under all available domains and file review types, or
2. a "partial review" evaluates only those domains for which the plan previously lacked full compliance.

In 2017, two MCOs (Humana-CareSource and Passport Health Plan) underwent a full review. Aetna Better Health, Anthem BCBS Medicaid and WellCare of Kentucky received partial reviews, based on the findings of the previous review.

Table 3 displays the domains that were reviewed for each plan for the 2017 Annual Compliance Review.

[11] The 2017 Compliance Review assessed MCO performance for the time period of CY 2016.

[12] The Quality Assessment and Performance Improvement: Measurement and Improvement domain is reviewed annually for all MCOs, as required by CMS.

Table 3: Annual Compliance Review 2017 – Domains Reviewed by Plan

Topic/Tool	Aetna Better Health	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky
Behavioral Health Services	a	a	a	a	a
Case Management/Care Coordination	a	a	a	a	a
Enrollee Rights and Protection: Enrollee Rights	a	a	a	a	N/A
Enrollee Rights and Protection: Member Education and Outreach	N/A	N/A	a	a	a
EPSDT	a	a	a	a	a
Grievance System	a	a	a	a	a
Health Risk Assessment	a	a	a	a	a
Medical Records	a	a	a	a	a
Pharmacy Benefits	a	a	a	a	a
Program Integrity	a	a	a	a	a
QAPI: Access	a	a	a	a	a
QAPI: Access – Utilization Management	a	a	a	a	a
QAPI: Measurement and Improvement	a	a	a	a	a
QAPI: Health Information Systems	a	N/A	a	a	a
QAPI: Structure and Operations – Credentialing	a	a	a	a	a
QAPI: Structure and Operations – Delegated Services	a	N/A	a	a	a

BCBS: Blue Cross and Blue Shield; N/A: not applicable, this requirement was deemed for 2017; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; QAPI: Quality Assurance and Performance Improvement

A description of the content evaluated under each domain is as follows:

- Behavioral Health Services – The evaluation in this area included, but was not limited to, review of policies and procedures related to behavioral health services and coordination of physical and behavioral health services. In addition, file review was conducted to assess coordination of behavioral health and physical health services by the MCO case management program.
- Case Management/Care Coordination – The evaluation in this area included, but was not limited to, review of policies, procedures, and processes for case management and care coordination for clients of the Department of Community Based Services (DCBS) and the Department for Aging and Independent Living (DAIL); dissemination of information to members and providers; and monitoring, analysis, reporting and interventions. In addition, file review was conducted to assess service plans and care coordination for DCBS/DAIL clients and complex case management for those with chronic conditions and complex needs. It is important to note that, as was done in 2015, for the 2016 review, DMS determined that the MCOs would not be held responsible for the certain contract requirements related to service plans since the service plans are the responsibility of the DCBS and DAIL. The MCOs were only evaluated on attempts to obtain service plans. Therefore, related elements in the file review and the review tool (e.g., MCO signature on the service plan) were scored not applicable (N/A) and were not counted in the overall compliance determination.
- Enrollee Rights: Enrollee Rights and Protection – The evaluation in this area included, but was not limited to, review of policies and procedures for member rights and responsibilities, PCP changes and member services functions.
- Enrollee Rights: Member Education and Outreach – The evaluation in this area included, but was not limited to, a review of the Member and Community Outreach Plan, member informational materials, and outreach activities.
- Early Periodic Screening, Diagnostic and Treatment (EPSDT) – The evaluation in this area included, but was not limited to, a review of policies and procedures for: EPSDT services, identification of members requiring EPSDT special services, education/information program for health professionals, EPSDT provider requirements and coordination of

services. The assessment also included a file review of UM decisions and appeals related to EPSDT services and review of the annual CMS-416 EPSDT reports.

- Grievance System – The evaluation of the Grievance System included, but was not limited to, review of policies and procedures for grievances and appeals, file review of member and provider grievances and appeals, review of MCO program reports on appeals and grievances and Quality Improvement (QI) committee minutes.
- Health Risk Assessment – The evaluation in this area included, but was not limited to, a review of initial health screenings and plan-initiated contact.
- Health Information Systems – The evaluation in this area included, but was not limited to, a review of policies and procedures for claims processing, claims payment and encounter data reporting, timeliness and accuracy of encounter data; timeliness of claims payments and methods for meeting Kentucky Health Information Exchange (KHIE) requirements.
- Medical Records – The evaluation in this area included, but was not limited to, a review of policies and procedures related to confidentiality, access to medical records, advance medical directives and medical records and documentation standards.
- Pharmacy Benefits – The evaluation in this area included, but was not limited to, a review of policies and procedures for pharmacy benefit requirements; structure of pharmacy program; pharmacy claims and rebate administrations; drug utilization review; and pharmacy lock-in program. In addition, this review included evaluation of the Preferred Drug List and authorization requirements.
- Program Integrity – The evaluation in this area included, but was not limited to, review of MCOs' policies and procedures, training programs, reporting and analysis; compliance with Annual Disclosure of Ownership (ADO) and financial interest provisions; and file review of program integrity cases.
- Quality Assessment and Performance Improvement (QAPI) – Access – The evaluation of this area included, but was not limited to review of policies and procedures for direct access services; provider access requirements; program capacity reporting; evidence of monitoring program capacity and provider compliance with hours of operation and availability.
- QAPI – Measurement and Improvement (MI) – The evaluation in this area included, but was not limited to, review of: QI Program Description, Annual QI Evaluation, QI Work Plan; QI Committee structure and function including meeting minutes; PIPs; PM reporting and clinical practice guidelines.
- QAPI – Structure and Operations: Credentialing – The evaluation in this area included, but was not limited to, review of the policies and procedures related to the credentialing and Recredentialing of network providers and enrollment of out-of-network providers. Additionally, file review of credentialing and Recredentialing for PCPs and specialists was conducted.
- QAPI – Structure and Operations: Delegated Services – The evaluation in this area included, but was not limited to, review of subcontractor contracts and subcontractor oversight, including subcontractor reporting requirements and conduct of pre-delegation evaluations and annual, formal evaluations.
- QAPI – Access: Utilization Management (UM) – The evaluation in this area included, but was not limited to, review of UM policies and procedures; UM committee minutes; and UM files.

The MCOs' responses to prior year recommendations are evaluated during the compliance review. IPRO evaluated the MCOs' progress related to the 2015 review recommendations and corrective action plans (CAPs).

In order to make an overall compliance determination for each of the domains, an average score is calculated. This is determined by assigning a point value to each element based on the designation assigned by the reviewer. Each element is scored as follows:

Full Compliance = 3 points;
Substantial Compliance = 2 points;
Minimal Compliance = 1 point;
Non-compliance = 0 points; and
Not Applicable = N/A.

The numerical score for each domain is then calculated by adding the points achieved for each element and dividing the total by the number of elements. The overall compliance determination is assigned as follows:

Full Compliance – point range of 3.0;
Substantial Compliance – point range of 2.0–2.99;
Minimal Compliance – point range of 1.0–1.99;
Non-compliance – point range of 0–0.99; and
Not Applicable – N/A.

It is important to note that, at the time of the (prior) three (3) compliance reviews (2014, 2015 and 2016), the MCOs were advised that failure to correct prior areas of non-compliance could have a negative impact on the findings. In 2014, 2015 and 2016, each tool contained the following notice: "*As part of the review IPRO assessed the MCO's implementation of any actions proposed by the MCO in response to last year's findings. It should be noted that deficiencies previously identified that continue to be deficient in the current review, may adversely affect the scoring of a requirement and result in possible sanctions by DMS."* Additionally, beginning with the 2016 compliance review, DMS directed that any elements that were found less than compliant in the year prior and the current review should be scored "Minimal Compliance" and any elements that were found less than compliant for the two prior years and the current review should be scored "Non-compliant."

Table 4 displays the numerical score and associated overall compliance determination for each domain reviewed for each of the MCOs.

The final findings for each MCO's review are sent to the MCOs and also to DMS's CAP and Letter of Concern (LOC) Committee. Two DMS divisions, the Managed Care Oversight Quality Branch and the Managed Care Oversight Contract Management Branch, work together to review the findings and determine if a LOC and/or CAP request are required. The CAP/LOC Committee issues the LOCs and CAP requests to the MCOs. In general, the MCOs must provide a CAP for all elements deemed Minimal Compliance or Non-compliance.

Table 5 displays the number of elements for each domain that required a corrective action plan by MCO.

Table 4: Overall Compliance Determination by Review Domain – 2017

Tool #/ Review Area[1]	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky	
	Point Average	Compliance Deter-mination	Point Average	Compliance Deter-mination	Point Average	Compliance Deter-mination	Point Average	Compliance Deter-mination	Point Average	Compliance Deter-mination
1. QAPI: Measurement and Improvement	2.99	Substantial	2.92	Substantial	3.00	Full	3.00	Full	3.00	Full
2. Grievance System	2.57	Substantial	2.00	Substantial	2.84	Substantial	2.95	Substantial	2.25	Substantial
3. Health Risk Assessment	2.00	Substantial	2.80	Substantial	2.86	Substantial	3.00	Full	3.00	Full
4. QAPI: Structure and Operations – Credentialing	2.75	Substantial	2.75	Substantial	2.98	Substantial	2.99	Substantial	2.93	Substantial
5. QAPI: Access	2.00	Substantial	3.00	Full	2.91	Substantial	2.88	Substantial	3.00	Full
5a. QAPI: Access – Utilization Management	3.00	Full	2.67	Substantial	2.98	Substantial	3.00	Full	3.00	Full
6. Program Integrity	2.78	Substantial	2.14	Substantial	2.93	Substantial	3.00	Full	2.85	Substantial
7. EPSDT	3.00	Full	3.00	Full	2.95	Substantial	3.00	Full	3.00	Full
8. QAPI: Structure and Operations – Delegated Services	2.88	Substantial	N/A	N/A	3.00	Full	3.00	Full	3.00	Full
9. QAPI: Health Information Systems	3.00	Full	N/A	N/A	3.00	Full	3.00	Full	3.00	Full
10. Case Management/Care Coordination	2.78	Substantial	2.22	Substantial	2.81	Substantial	3.00	Full	3.00	Full
12a. Enrollee Rights and Protection: Enrollee Rights	2.83	Substantial	3.00	Full	3.00	Full	2.99	Substantial	N/A	N/A
12b. Enrollee Rights and Protection: Member Education and Outreach	N/A	N/A	N/A	N/A	3.00	Full	3.00	Full	3.00	Full
13. Medical Records	3.00	Full	2.88	Substantial	3.00	Full	2.98	Substantial	3.00	Full
15. Behavioral Health Services	3.00	Full	2.89	Substantial	2.93	Substantial	2.98	Substantial	3.00	Full
16. Pharmacy Benefits	2.50	Substantial	2.00	Substantial	3.00	Full	3.00	Full	3.00	Full

[1]Detailed results for each review domain for all MCOs are available in the final Compliance Review Tools, available on the DMS Managed Care Oversight Quality Branch Reports web page at: http://chfs.ky.gov/dms/pqomcoqbreports.htm.

BCBS: Blue Cross and Blue Shield; N/A: not applicable, the domain was deemed for the 2017 review; QI: Quality Improvement; MI: Measurement and Improvement; HRA: Health Risk Assessment; UM: Utilization Management; EPSDT: Early and Periodic Screening, Diagnostic and Treatment.

Table 5: Number of Elements Requiring Corrective Action by Review Area – 2017

Tool #/ Review Area[1]	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky	
	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed
1. QAPI: Measurement and Improvement	0	104	2	95	0	104	0	104	0	104
2. Grievance System	1	14	1	6	2	45	0	44	0	4
3. Health Risk Assessment	0	1	0	5	0	7	0	7	0	1
4. QAPI: Structure and Operations – Credentialing	0	4	0	4	0	86	0	86	0	14
5. QAPI: Access	1	6	0	3	0	67	0	67	0	7
5a. QAPI: Access – Utilization Management	0	2	0	3	0	52	0	52	0	2
6. Program Integrity	2	18	3	7	0	117	0	117	0	13
7. EPSDT	0	1	0	5	0	20	0	20	0	1
8. QAPI: Structure and Operations – Delegated Services	0	26	N/A	N/A	0	34	0	34	0	6
9. QAPI: Health Information Systems	0	13	N/A	N/A	0	13	0	13	0	13
10. Case Management/Care Coordination	0	9	3	9	0	26	0	25	0	8
12a. Enrollee Rights and Protection: Enrollee Rights	0	6	0	6	0	89	0	89	N/A	N/A
12b. Enrollee Rights and Protection: Member Education and Outreach	N/A	N/A	N/A	N/A	0	19	0	19	0	13
13. Medical Records	0	2	0	8	0	39	0	40	0	7
15. Behavioral Health Services	0	3	0	18	0	46	0	47	0	6
16. Pharmacy Benefits	0	2	0	1	0	15	0	15	0	5
Total Elements # (%)	4 (2%)	211	9 (5%)	170	2 (0.3%)	779	0 (0.0%)	779	0 (0.0%)	204

[1]The number (#) of elements reviewed for each domain and in total varies by MCO since the # of elements deemed and/or designated Not Applicable (N/A) varied.
BCBS: Blue Cross and Blue Shield; N/A: not applicable, the domain was deemed for the 2017 review; QI: Quality Improvement; MI: Measurement and Improvement; HRA: Health Risk Assessment; UM: Utilization Management; EPSDT: Early and Periodic Screening, Diagnostic and Treatment.

2017 Medicaid Compliance Review Findings for Calendar Year 2016: All MCOs

This section contains a summary of the current year findings by plan. Elements rated minimal or non-compliant are summarized (Table 6).

Table 6: 2017 Medicaid Managed Care Compliance Review Findings by Plan

2017 Medicaid Managed Care Compliance Review Findings (Review Year 2016)	
MCO	Summary of Review Findings
Aetna Better Health	Aetna Better Health had a partial review totaling 211 elements, of which 98% were determined to be fully or substantially compliant. Four (4) elements required corrective action. Minimal compliance: · *Program Integrity:* The Contractor shall provide true and complete disclosures of the following information to Finance, the Department, CMS, and/or their agents or designees, in a form designated by the Department. This requirement is found in the "Revised Annual Disclosure of Ownership Instructions." However, there is no policy provided by the plan that addresses provisions (1)-(5) explicitly. It is recommended that Aetna Better Health explicitly add the regulatory provisions (1)-(5) to its policy. · *Program Integrity:* Report to the Department any Provider denied enrollment by Contractor for any reason, including those contained in 42 CFR 455.106, within 5 days of the enrollment denial; The last sentence of "010 MCD Pursuing Recoveries Lost to Fraud Waste or Abuse.doc" generally, but not explicitly, addresses this requirement. As suggested last year, the MCO should explicitly address the requirement in the policy and procedure. Non-Compliance: · *Grievance System:* The Department or its contracted agent may conduct reviews or onsite visits to follow up on patterns of repeated Grievances or Appeals. Any patterns of suspected Fraud or Abuse identified through the data shall be immediately referred to the Contractor's Program Integrity Unit. As noted last year, no documentation was provided to support this requirement. MCO should explicitly address this requirement in its policy. DMS expressed concern. · *Access:* J. The Department shall notify the Contractor and all other MCOs on contract with the Department when more than five (5%) percent of Emergency Room visits in a Medicaid Region, in a rolling three (3) month period, are determined to be a non-emergent visit. The Contractor shall provide sufficient alternate sites for twenty-four (24) hour care and appropriate incentives to Members to reduce unnecessary Emergency Room visits… This requirement is not addressed in the submitted documentation. As noted last year, the MCO should address this requirement explicitly in a policy and procedure.
Anthem BCBS Medicaid	Anthem BCBS Medicaid had a partial review totaling 170 elements, of which 95% were determined to be fully or substantially compliant. Nine (9) elements required corrective action. Minimal compliance: · *Case Management:* DCBS Service Plan and DCBS Claims/Case Management file review: 1) 0 of 10 files met the review requirements for file documentation of ongoing care coordination or referral to Case Management. 2) 0 of 10 files met the requirements for coordination with DCBS staff regarding development of the care plan. 3) 0 of 10 files met the requirements for consultation with DCBS staff regarding modification of the care plan. The MCO provided verbal and written explanations of barriers and improvement plans, and should continue working with the State and DCBS to implement planned improvements for the above 3 elements, as well as identify additional approaches identified by the State-MCO-DCBS collaborative workgroup. · *Program Integrity:* The Contractor agrees to comply with the provisions of 42 CFR 455.104: 1) The Contractor shall provide true and complete disclosures of the following information to Finance, the Department, CMS, and/or their

2017 Medicaid Managed Care Compliance Review Findings (Review Year 2016)	
MCO	Summary of Review Findings
	agents or designees, in a form designated by the Department; 2) The name and address of each person with an ownership or control interest in (i) the Contractor or (ii) any Subcontractor or supplier in which the Contractor has a direct or indirect ownership of five percent (5%) or more, specifying the relationship of any listed persons who are related as spouse, parent, child, or sibling; 3) The name of any other entity receiving reimbursement through the Medicare or Medicaid programs in which a person listed in response to subsection (a) has an ownership or control interest; Recommended that MCO adopt the revised policy and include as supporting documentation in subsequent reviews. There was no relevant policy in effect during 2016 to address the above 3 elements. The MCO is recommended to adopt the revised policy and include as supporting documentation in subsequent reviews. · *Measurement and Improvement:* For all reportable Effectiveness of Care and Access/Availability of Care measures, the Contractor shall stratify each measure by Medicaid eligibility category, race, ethnicity, gender and age. No stratified data was provided other than the ADC metabolic monitoring data. · *Measurement and Improvement:* Responsibilities of the Quality and Member Access Committee (QMAC) shall include: C. Providing review and comment on Member Handbooks; This requirement was not specifically addressed in the QM PD, Appendix A, Kentucky Health Plan Committee Structure, QMAC, nor did any of the QMAC meeting minutes indicate in the "Handouts" section that the Member Handbooks were provided to members for feedback. Non-Compliance: · *Grievance System:* A Provider who has exhausted the Contractor's internal appeal process shall have a right to appeal a final denial, in whole or in part, by the Contractor to an external independent third party in accordance with applicable state laws and regulations. The Contractor shall provide written notification to the Provider of its right to file an appeal. Although Anthem stated they have completed all the work necessary to implement this requirement by updating letters requiring additional language regarding 3rd party review rights and secured a workflow process to ensure 3rd party requests are handled at Central intake and forwarded to the Health plan queues to work. No evidence was provided to support that this process was implemented during the review period.
Humana-CareSource	Humana-CareSource had a full review totaling 779 elements, of which 99.7% were determined to be fully or substantially compliant. Two (2) elements required corrective action. Minimal compliance: · *Grievance System:* M. Provide oral or written notice of the resolution of the grievance in a manner to ensure ease of understanding; Results of the Member Grievance Quality File Review indicated 3 of 10 files were compliant. It was recommended that Humana-CareSource ensure that the member's resolution letters contain information so as to let the member know what Humana-CareSource did to resolve their grievance. · *Grievance System:* The Contractor shall provide the Member or the representative the opportunity, before and during the appeals process, to examine the Member's case file, including medical or clinical records (subject to HIPAA requirements), and any other documents and records considered during the appeals process. Results of the Member Appeals File Review indicated that 0 of 10 files were compliant. None of the files reviewed contained language providing for the member or member's representative the opportunity before and during the appeal process to examine case files including medical or clinical records considered during the appeals process. Humana-CareSource advised the language can be found in the Grievance and Appeal section of Member Handbook. The required language should be added to the notice of the appeal to the enrollee.

2017 Medicaid Managed Care Compliance Review Findings (Review Year 2016)	
MCO	Summary of Review Findings
Passport Health Plan	Passport Health Plan had a full review totaling 779 applicable elements, of which 100% were determined to be fully or substantially compliant. No (0) elements required corrective action.
WellCare of Kentucky	WellCare of Kentucky had a partial review totaling 204 applicable elements, of which 100% were determined to be fully or substantially compliant. No (0) elements required corrective action.

Validation of Performance Measures (PM)

This section of the report summarizes the Medicaid MCOs' reporting of select PMs followed by results of the HEDIS 2015 audit.

Kentucky DMS Requirements for Performance Measure Reporting

The 42 CFR §438.358(b)(2) establishes that one of the mandatory EQR activities for the MMC health plans is the validation of PMs reported (as required by DMS) during the preceding 12 months. These are defined in §438.240(b)(2) as any national PMs and levels that may be identified and developed by CMS in consultation with the states and other relevant stakeholders.

In 2016, DMS required plans to report a total of 30 measures in the HK measure set: 9 HEDIS measures and 21 HK measures. These PMs are listed in Table 7 and Table 8. Additionally, the MCOs are required by contract to report HEDIS data annually to NCQA and the state.

As required by DMS through the MCOs' contracts, all non-HEDIS measures must be validated by an EQRO. All five MCOs reported PMs for reporting year 2016, Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. IPRO reviewed all data and documentation used to calculate the PMs to ensure the validity and reliability of the reported measures.

IPRO's Objectives for Validation of Performance Measures

IPRO conducted the mandatory validation of the Kentucky Medicaid MCOs 2016 HK measure rates and reviewed the HEDIS 2016 data submitted by each of the MCOs. The MCOs' reported HEDIS rates are presented with weighted statewide averages[13] calculated by IPRO and are compared to national Medicaid benchmarks calculated using HEDIS data from all Medicaid MCOs that reported to NCQA. For the HK measures, this report presents the results of the validation and presents the MCOs' rates along with a weighted statewide average[14] calculated by IPRO.

Healthy Kentuckians Performance Measures – Reporting Year 2016

As described above, health plans are required by DMS to calculate and report PMs aligned with HK goals on an annual basis. HK represents Kentucky's goals and objectives in the areas of clinical preventive services and health services. The EQRO validates these measures to determine the extent to which the MCOs followed the specifications established by DMS in calculating the rates.

[13] A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

[14] A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

Table 7: Kentucky Medicaid Managed Care HEDIS Performance Measures – RY 2016

HEDIS Performance Measures
HEDIS Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents[1] The percentage of members 3–17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (ob/gyn) and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
HEDIS Adult BMI Assessment The percentage of members 18–74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.[2]
HEDIS Controlling High Blood Pressure The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year (ages 18–59: <140/90; ages 60–85 without diabetes: < 140/90; ages 60–85 with diabetes < 150/90).
HEDIS Annual Dental Visit The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.
HEDIS Lead Screening in Children The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.
HEDIS Well-Child Visits in the First 15 Months of Life The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.
HEDIS Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.
HEDIS Adolescent Well-Care Visits The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the measurement year.
HEDIS Children's and Adolescents' Access to Primary Care Practitioners The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages: · Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year. · Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

[1] See the related Kentucky-specific measure: Height and Weight Documented; Appropriate Weight for Height.

[2] See the related Kentucky-specific measures: Counseling for Nutrition and Physical Activity for Adults and Height and Weight Documented; Appropriate Weight for Height.

Table 8: Kentucky-Specific Performance Measures – RY 2016

Kentucky-Specific Performance Measures
Prenatal and Postpartum Risk Assessment/Education/Counseling The percentage of pregnant members who delivered between November 6 of the year prior to the measurement year and November 5 of the measurement year who had a prenatal/postpartum visit and received the following prenatal/postpartum services: · Tobacco use screening, positive screening for tobacco use, intervention for positive tobacco use screening; · Alcohol use screening, positive screening for alcohol use, intervention for positive alcohol use screening; · Drug use screening, positive screening for drug use, intervention for positive drug use screening; · Education/counseling for OTC/prescription medication use; · Education/counseling for nutrition; · Screening for depression; and · Screening for domestic violence During the first two prenatal visits or the first two prenatal visits after enrollment in the MCO. · Screening for postpartum depression during the postpartum visit. (Note: these are reported as fourteen separate numerators)
Cholesterol Screening for Adults The percentage of male members age > 35 years and female members age > 45 years who had an outpatient office visit during the measurement year and appropriate LDL-C/cholesterol screening documented during the measurement year or the four years prior.
Height and Weight Documented; Appropriate Weight for Height for Adults The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented and appropriate weight for height during the measurement year or the year prior to the measurement year. (Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)
Tobacco Screening for Adults The percentage of members 18–74 years of age who had an outpatient visit and received tobacco screening, positive screening for tobacco use, and received an intervention for tobacco use. (Note: This is a new performance measure for Reporting Year 2016)
Counseling for Nutrition and Physical Activity for Adults The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition and physical activity. (Note: these are reported as two separate numerators)
Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents The percentage of members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had height and weight documented and appropriate weight for height. (Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)
Adolescent Preventive Screening/Counseling The percentage of adolescents 12–17 years of age who had at least one outpatient visit with a PCP or ob/gyn during the measurement year and had preventive screening/counseling for: tobacco use; alcohol/substance use; and sexual activity and screening/assessment for depression. (Note: these are reported as four separate numerators.)
Individuals with Special Health Care Needs (ISHCN) Access to Preventive Care The percentage of child and adolescent members, ages 12 months through 19 years, in the SSI and Foster categories of aid or who received services from the Commission for Children with Special Health Care Needs, who received the specified services as defined in the HEDIS specifications. <u>Access to Care:</u> · Children's and Adolescents' Access to Primary Care Practitioners <u>Preventive Care Visits:</u>

Kentucky-Specific Performance Measures
· Well-Child Visits in the First 15 Months of Life · Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life · Adolescent Well-Care Visits · Annual Dental Visit (Ages 2–21)

[1] Copies of the full specifications for each of the Kentucky-specific PMs are available by request.

Table 9 shows the rates for each of the five (5) MCOs and the statewide rate for reporting year 2016 for each of the Kentucky-specific HK PMs.[15] If a measure was determined "not reportable" an "NR" appears in the rate cell. If a measure was not reported because the denominator was less than 30 or because the MCO had no eligible members, "N/A" appears in the cell. The statewide rates represent weighted averages.[16] If one (1) or more MCOs were not able to report a rate due to lack of eligible members, the data for the remaining MCOs were used. If only one MCO reported a rate, no statewide rate was calculated.

It is important to note that caution should be used when comparing the MCOs' performance for the 2016 reporting year as the MCOs had varying market experience. This applies particularly to Anthem BCBS Medicaid since 2015 was the first reporting year since entry into the Kentucky Medicaid program.

[15] The complete results for all MCOs, including all performance measure denominators, numerators, and rates as well as validation results are available in the full report and its appendices, "Validation of Reporting Year 2015 Kentucky Medicaid Managed Care Performance Measures," available on the DMS Managed Care Oversight – Quality Branch Reports website at: http://chfs.ky.gov/dms/pqomcoqbreports.htm.

[16] A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

Table 9: Healthy Kentuckians PM Rates – Adult Preventive Care

Ages (Years)	Measure[1]	Submeasures: Had Outpatient Visit and	Aetna Better Health	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Hybrid Measure(s)								
18 to 74	BMI	Record of Height and Weight during measurement year or prior year	79.95%	70.63%	44.53%	81.48%	81.01%	76.82%
18 to 74	BMI	Healthy Weight for Height during Measurement Year or Prior Year	24.06%	16.88%	22.96%	29.44%	25.73%	25.05%
18 to 74	BMI	Counseling for Nutrition	41.51%	22.61%	16.06%	35.65%	31.81%	32.63%
18 to 74	BMI	Counseling for Physical Activity	31.37%	20.51%	16.79%	37.04%	29.52%	29.30%
18 to 74	Adult Tobacco Use	Screening for Tobacco Use [2]	82.55%	15.62%	56.69%	75.46%	60.87%	64.83%
18 to 74	Adult Tobacco Use	Positive Screening for Tobacco Use [2]	58.86%	43.28%	71.67%	65.34%	56.39%	58.82%
18 to 74	Adult Tobacco Use	Received Intervention for Tobacco Use [2]	62.14%	48.28% [3]	71.26%	60.56%	50.67%	56.55%
Administrative Measure(s)								
Men aged >= 35; Females aged >=45	Cholesterol Screening	LDL-C/Cholesterol Screening	71.56%	N/A [4]	67.59%	75.95%	74.66%	73.36%

[1] Reporting year (RY) 2016.
[2] Adult Tobacco Screening Measures were new for RY 2016.
[3] Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.
[4] N/A was reported for Anthem Blue Cross and Blue Shield (BCBS) Medicaid's Cholesterol Screening measure because the measure requires data from the measurement year and prior four years. Given that Anthem BCBS Medicaid's contract began in January 2014, their rate for this measure cannot be comparable to all other MCOs that have larger historical data available to build a comprehensive rate for the measure
BMI: body mass index.

Table 10: Healthy Kentuckians PM Rates – Child and Adolescent Preventive Care

Ages (Years)	Measure[1]	Submeasures	Aetna Better Health	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Hybrid Measure(s)								
During Measurement Year or Prior Year Had an Outpatient Visit and:								
3 to 11	BMI	Record of Height and Weight	77.39%	60.79%	56.70%	92.86%	70.51%	76.39%
12 to 17	BMI	Record of Height and Weight	83.57%	50.65%	60.00%	88.05%	74.45%	78.93%
3 to 17	BMI	Record of Height and Weight	79.43%	57.18%	57.66%	91.17%	71.76%	77.16%
3 to 11	BMI	Healthy Weight for Height	37.39%	18.35%	50.27%	65.45%	39.72%	44.15%
12 to 17	BMI	Healthy Weight for Height	35.90%	33.77%	45.95%	55.32%	34.29%	39.32%
3 to 17	BMI	Healthy Weight for Height	36.87%	23.84%	49.03%	62.02%	37.93%	42.53%
Well-Visit or Preventive Visit with PCP/Ob-gyn and:								
12 to 17	Adolescent Screening	Screened for Tobacco Use	64.29%	51.95%	52.50%	71.70%	57.66%	62.17%
12 to 17	Adolescent Screening	Screened for Alcohol/Substance Use	39.29%	40.26%	37.50%	63.52%	40.88%	44.24%
12 to 17	Adolescent Screening	Screened for Sexual Activity	29.29%	20.13%	29.17%	49.69%	21.90%	29.40%
12 to 17	Adolescent Screening	Screened for Depression	37.86%	17.53%	27.50%	39.62%	30.66%	34.36%

[1] Reporting year 2016.

BCBS: Blue Cross and Blue Shield; PCP: primary care provider; Ob-gyn: obstetrician/gynecologist.

Table 11: Healthy Kentuckians PM Rates – Perinatal Care

Measure[1]	Aetna Better Health	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Hybrid Measure(s) – Perinatal Screening Submeasures – Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and had:						
Screening for Tobacco Use at one of first two prenatal visits	51.63%	8.53%	27.02%	84.81%	52.83%	44.42%
Positive Screening for Tobacco Use at one of first two prenatal visits	43.10%	37.93%[2]	35.63%	32.57%	42.35%	40.96%
Received Intervention for Tobacco Use	61.33%	81.82%[2]	74.19%	61.00%	51.81%	61.99%
Screening for Alcohol Use at one of first two prenatal visits	42.43%	8.53%	25.16%	81.77%	46.09%	38.33%
Positive Screening for Alcohol Use at one of first two prenatal visits	17.48%	3.45%[2]	2.47%	8.11%	4.68%	8.90%
Received Intervention for Alcohol Use	32.00%[2]	100.00%[2]	0.00%[2]	33.33%[2]	25.00%[2]	32.86%
Screening for Substance/Drug Use at one of first two prenatal visits	43.03%	8.24%	23.29%	82.04%	43.94%	37.47%
Positive Screening for Substance/Drug Use at one of first two prenatal visits	24.83%	3.57%[2]	4.00%	12.12%	13.50%	15.08%
Received Intervention for Substance/Drug Use	47.22%	0.00%[2]	33.33%[2]	52.78%	50.00%[2]	40.99%
Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits	27.60%	5.00%	19.25%	44.75%	25.07%	23.29%
Assessment/education/counseling for OTC/prescription Medication During One of First Two Prenatal Visits	30.56%	4.71%	14.91%	27.62%	35.31%	27.08%
Screening for Domestic Violence During One of the First Two Visits	28.49%	4.12%	14.91%	42.27%	21.56%	21.57%
Had Screening For Depression During One of First Two Visits	31.75%	3.82%	17.39%	82.32%	32.88%	28.07%
Received Screening for Postpartum Depression	23.56%	18.07%	19.74%	82.86%	55.81%	35.47%

[1] Reporting year 2016.

[2] Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

BCBS: Blue Cross and Blue Shield; PCP: primary care provider; OTC: over the counter.

Table 12: Healthy Kentuckians PM Rates – CSHCN: Access to Care and Preventive Care Services (Administrative)

Measure[1]	Measure Description	Aid Category	Aetna Better Health	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Modified HEDIS Annual Dental Visit (ADV)	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	SSI Total(B, BP, D, DP, K, M)	53.83%	31.85%	45.01%	40.57%	55.71%	51.94%
		SSI Blind (B, BP, K)	66.67%[2]	N/A[3]	50.00%[2]	25.00%[2]	57.14%	54.41%
		SSI Disabled (D, DP, M)	53.80%	N/A[3]	45.00%	40.62%	55.70%	52.29%
		Foster (P,S, X)	70.26%	58.59%	64.67%	52.22%	73.07%	68.30%
		CCSHCN (provider type 22 and 23)	67.65%	0.00%	65.52%[2]	58.89%	71.44%	62.32%
		Total ADV (2–21 years)	62.41%	19.80%	51.23%	45.42%	62.72%	58.49%
Modified HEDIS Well Child 15 Months (6+ Visits) (WC15)	The percentage of members who turned 15 months old during the measurement year and who had 6+ well-child visits with a PCP during their first 15 months of life.	SSI Total(B, BP, D, DP, K, M)	22.22%[2]	50.00%[2]	0.00%[2]	46.00%	31.17%	30.89%
		SSI Blind (B, BP, K)	N/A	N/A[3]	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	22.22%[2]	N/A[3]	0.00%[2]	46.00%	31.17%	30.74%
		Foster (P,S, X)	54.17%[2]	50.00%*	23.68%	59.74%	45.05%	46.65%
		CCSHCN (provider type 22 and 23)	44.44%[2]	0.00%[2]	0.00%[2]	62.5%[2]	54.67%	52.42%
		Total WC15	41.67%	25.00%[2]	14.06%	54.81%	44.91%	43.73%
Modified HEDIS Well Child Ages 3–6 (WC34)	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	SSI Total(B, BP, D, DP, K, M)	65.83%	61.54%[2]	61.95%	71.85%	61.36%	65.12%
		SSI Blind (B, BP, K)	N/A	N/A[3]	N/A	100.00%[2]	71.43%[2]	81.82%
		SSI Disabled (D, DP, M)	65.83%	N/A[3]	61.95%	71.71%	61.31%	65.07%
		Foster (P,S, X)	71.22%	100.00%[2]	77.46%	76.99%	73.27%	74.14%
		CCSHCN (provider type 22 and 23)	77.73%	0.00%[2]	60.00%[2]	86.79%	72.63%	73.62%
		Total WC34	70.84%	32.14%[2]	67.72%	74.66%	67.83%	69.95%
Modified HEDIS Adolescent Well Care (AWC)	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the measurement year.	SSI Total(B, BP, D, DP, K, M)	35.58%	33.33%	35.57%	61.54%	32.47%	34.59%
		SSI Blind (B, BP, K)	0.00%[2]	N/A[3]	0.00%[2]	0.00%[2]	28.13%	23.08%
		SSI Disabled (D, DP, M)	35.65%	N/A[3]	35.71%	61.69%	32.49%	34.64%
		Foster (P,S, X)	50.68%	71.43%[2]	57.84%	72.99%	52.09%	52.88%
		CCSHCN (provider type 22 and 23)	51.50%	0.00%[2]	33.33%[2]	43.75%[2]	47.59%	49.08%
		Total AWC	43.60%	25.00%	41.91%	64.42%	38.60%	41.16%

[1] Reporting year 2016.

[2] Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

[3] N/A was reported for the SSI blind and disabled population rates for select 'Children with Special Health Care Needs' measures. It was noted that Anthem could not break out SSI rates for the blind and disabled separately. However the SSI total captures the reportable rates for the SSI population.
BCBS: Blue Cross and Blue Shield; PCP: primary care provider; SSI: supplemental security income; CSHCN: children with special health care needs; CCSHCN: Commission for Children with Special Health Care Needs.

Table 13: Healthy Kentuckians PM Rates – CSHCN: Access to Care and Preventive Care Services (Access to Care)

Measure[1]	Measure Description	Aid Category	Aetna Better Health	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Modified HEDIS Children's and Adolescents' Access to PCPs	The percentage of members 12–24 months of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total(B, BP, D, DP, K, M)	100.00%[2]	64.29%[2]	89.47%[2]	92.75%	96.47%	93.59%
		SSI Blind (B, BP, K)	N/A	N/A[3]	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	100.00%[2]	N/A[3]	89.47%[2]	92.75%	96.47%	95.13%
		Foster (P,S, X)	100.00%[2]	91.67%[2]	100.00%	99.19%	99.04%	98.97%
		CCSHCN (provider type 22 and 23)	100.00%[2]	0.00%[2]	100.00%[2]	100.00%[2]	99.16%	90.47%
		Total CAP 12–24 months	100.00%	38.46%	96.43%	97.10%	98.38%	94.82%
Modified HEDIS Children's and Adolescents' Access to PCPs	The percentage of members 25 months–6 years of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total(B, BP, D, DP, K, M)	93.99%	83.87%	90.40%	92.13%	95.39%	93.80%
		SSI Blind (B, BP, K)	N/A	N/A[3]	N/A	100.00%[2]	100.00%[2]	100.00%
		SSI Disabled (D, DP, M)	93.99%	N/A[3]	90.40%	92.10%	95.36%	93.98%
		Foster (P,S, X)	94.76%	89.66%[2]	94.38%	89.27%	93.85%	92.70%
		CCSHCN (provider type 22 and 23)	99.33%	0.00%	100.00%[2]	100.00%	98.46%	91.91%
		Total CAP 25 months–6 years	95.61%	42.86%	92.31%	91.17%	95.56%	93.02%
Modified HEDIS Children's and Adolescents' Access to PCPs	The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total(B, BP, D, DP, K, M)	94.35%	N/A	85.71%	92.82%	96.45%	94.61%
		SSI Blind (B, BP, K)	100.00%[2]	N/A	N/A	100.00%[2]	100.00%[2]	100.00%
		SSI Disabled (D, DP, M)	94.35%	N/A	85.71%	92.80%	96.44%	94.60%
		Foster (P,S, X)	91.65%	N/A	80.00%	93.83%	92.80%	92.22%
		CCSHCN (provider type 22 and 23)	99.38%	N/A	N/A	98.78%	98.55%	99.04%
		Total CAP 7 -11 years	93.76%	N/A	84.54%	93.36%	95.45%	94.12%
Modified HEDIS Children's and Adolescents' Access to PCPs	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total(B, BP, D, DP, K, M)	94.20%	N/A	85.20%	97.78%	93.84%	93.77%
		SSI Blind (B, BP, K)	100.00%[2]	N/A	0.00%[2]	N/A	94.74%[2]	91.67%
		SSI Disabled (D, DP, M)	94.18%	N/A	85.48%	97.78%	93.84%	93.78%
		Foster (P,S, X)	89.59%	N/A	78.49%	96.88%	91.50%	90.77%
		CCSHCN (provider type 22 and 23)	99.64%	N/A	100.00%[2]	100.00%[2]	98.42%	99.15%
		Total CAP 12–19 years	93.95%	N/A	83.71%	97.55%	93.52%	93.51%

[1] Reporting year 2016.

[2] Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

[3] N/A was reported for the SSI blind and disabled population rates for select 'Children with Special Health Care Needs' measures. It was noted that Anthem could not break out SSI rates for the blind and disabled separately. However the SSI total captures the reportable rates for the SSI population.

BCBS: Blue Cross and Blue Shield; PCP: primary care provider; SSI: supplemental security income; CSHCN: children with special health care needs; CCSHCN: Commission for Children with Special Health Care Needs.

Table 14: Healthy Kentuckians PM Rates – EPSDT Dental Services

Measure[1]	Measure Description	Aid Category	Aetna Better Health	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
CMS 416 EPSDT – Dental Services	This performance measure assesses the percentage of members (ages < 21years) who received the specified dental services.	Any Dental Services	56.10%	17.38%[2]	29.92%	44.67%	49.11%	47.77%
		Preventive Dental Services	43.92%	14.37%[2]	26.88%	40.25%	43.02%	40.56%
		Dental Treatment Services	25.95%	6.07%[2]	12.60%	17.90%	21.83%	21.00%
		Sealant on a Permanent Molar Tooth	5.77%	1.96%[2]	4.10%	4.46%	5.43%	5.10%
		Diagnostic Dental Services	52.64%	14.34%[2]	28.40%	42.20%	46.61%	45.04%
		Oral Health Services Provided by a Non-Dentist Provider	5.18%	1.64%[2]	2.42%	2.55%	23.14%	11.11%
		Any Dental or Oral Health Service	57.27%	17.51%[2]	38.78%	46.31%	60.29%	53.34%

[1] Reporting year 2016.

[2] IPRO identified incorrect values were originally submitted for Anthem's CMS 416 EPSDT dental services. Upon further investigation, Anthem saw that numerators contained members who were double counted, and Anthem re-submitted corrected values for the CMS 416 dental service measure to IPRO on March 2, 2017. These values have not yet been reported on Report 93, a Kentucky standard report for MCOs.

BCBS: Blue Cross and Blue Shield; EPSDT: Early and Periodic Screening, Diagnostic and Treatment.

Healthy Kentuckians Performance Measures – Plan Trends RY 2015 – RY 2016

This section summarizes the trends in HK PMs by plan over the past two years, RY 2015 – RY 2016. Trend data by plan for RY 2014 – RY 2016 is presented in the validation report prepared by IPRO, entitled Validation of Reporting Year 2016 Kentucky Medicaid Managed Care Performance Measures, March 2017 and is available on the DMS website, Managed Care Oversight – Quality Branch Reports page at: http://www.chfs.ky.gov/dms/pqomcoqbreports.htm .

Aetna Better Health – Performance Trends RY 2015 to RY 2016

- There are no performance trends for Adult Tobacco Use since this is a new performance metric. First year rates for this measure showed 82.55% of adults received screening for tobacco use, 58.86% had a positive result, and of those positively screened, and 62.14% had received interventions.
- Adult Preventive Care Measures saw improvements in RY 2016, with significant increases seen in documentation of height and weight (79.95%), counseling for nutrition (41.51%), physical activity (31.37%) and LDL screenings (26.86%). Healthy weight for height measure had a very tiny 0.53% increase and resulted in a rate of 24.06%.
- Child and Preventive Care Measures also saw increases across most measures.
    - Documentation of height and weight decreased for the 3 to 11 aged population by -2.3% to 77.39%. Despite the small decrease, an 8.26% increase was seen for healthy weight for height for this age group (37.39%).
    - Adolescents, ages 12 to 17 years, had a significant 12.6% increase from 2015 rates for documentation of height and weight (went from 70.97% to 83.57%). Despite the increased rate of documentation, healthy weight for height only had an increase of 2.86%, leading to a final rate of 35.9%.
    - Adolescent screening measures, tobacco and depression, had more than a 10% increase. Tobacco screenings went from 47.74% in 2015 to 64.29% in 2016, and similarly, depression screenings increased from 27.1% to 37.86%. Sexual activity screenings saw a small gain of 2.19% for a final 2016 rate of 29.29%. Similarly, alcohol and substance abuse screenings saw a small increase of 3.16% for a final reported 2016 rate of 39.29%.
- Perinatal Care measures for reporting year 2016 showed decreases across various measures.
    - Tobacco Screenings decreased from 59.89% to 51.63% for RY 2016. Positive Tobacco Screenings increased (43.1%), while those positively screened receiving interventions decreased (61.33%).
    - Improvements were seen for positive screenings for alcohol use and intervention for alcohol use even though screenings for alcohol use decreased by 12.58% to a rate of 42.43%. Positive screenings for alcohol use had a 9.15% increase from the prior year resulting in a rate of 17.48% and Interventions for Alcohol users had a 7% increase resulting in a final rate of 32%.
    - Positive Substance Use Screenings for perinatal members increased by 13.54% for a final RY 2016 rate of 24.83%. Screening rates for substance use (43.03%) and those receiving interventions (47.22%) decreased from last year's rates, which saw a significant increase from the year prior.
    - Last year's RY 2015 rates for assessment of nutrition and OTC/prescription drug use were significant improvements from RY 2014. However, RY 2016 saw decreases with both rates, with assessments for OTC/prescription rate dropping by approximately 15%. RY 2016 Nutrition assessments rate is 27.60% and OTC/Prescription assessment rate is 30.56%.
    - Screenings for depression, postpartum depression and domestic violence also dropped from RY 2015. For RY 2016, Depression Screening rate is 31.75% followed Domestic Violence rate at 28.49% and Postpartum Depression rate at 23.56%.
- Modified Annual Dental Visit measure for ages 12 to 21 years improved from RY 2015. The reported rate of 62.41% was close to the CMS 416 reported dental services measure for children less than 21 years of age receiving any dental or oral health services (57.27%).
- Regarding well-child visits for CSHCN, 70.84% of children ages 3–6 years had visits with a PCP whereas only 41.67% of children who turned 15 months during the measurement year had a well-child visit with a PCP. Similarly, of those 12 to 21 years old, 43.60% had a comprehensive well-child visit with a primary care practitioner. Foster children had the higher rates for well-visits for ages 15 months to 6 years old, and SSI populations had the lower rates of well-child visits across all age groups.

- For Access to Care measures, children 12–24 months old had 100% rate for visit to a primary care physician during the measurement year. Rates for annual visits to a PCP exceeded 90% for all other age groups, with those 25 months to 6 years old having the highest rate at 95.61%.
- The CMS 416 measure on Dental Services for EPSDT eligible children saw an increase of 6.6% for those continuously enrolled for 90 days and receiving any dental or oral health service. The rate of those receiving any dental services is 56.10%, a preventive service is 43.92% and any oral or dental service is 57.27%. Nearly a quarter of children have received any dental treatment (25.95%) but approximately 5% had a visit with a non-dental provider and 5.77% received a dental sealant on a permanent molar.

Anthem BCBS Medicaid – Performance Trends RY 2015 to RY 2016

Most measures in RY 2015 were listed as "N/A." 2014 was the MCO's first year in operation hence Anthem had very limited measures to report for the prior reporting year. By RY 2016, the MCO had considerable measures to report.

- As with other MCOs, Adult Tobacco Screening measures were new to RY 2016 so trends could not be noted. However, 15.62% had an assessment for tobacco use, 43.28% of those screened were found to be tobacco users, and of those positively screened, 48.28% received treatment.
- Trends could not be determined for most measures except for Perinatal and well-child visits under 21.
- Of the adult population for Anthem, 70.63% had a height and weight documented and of those only 16.88% had a healthy weight for height. 22.61% had counseling for nutrition and 20.51% had counseling for physical activity.
- Perinatal Measures were reported for both RY 2015 and RY 2016. There were considerable decreases noted across perinatal measures for screening, education and counseling.
    - Tobacco Screening had a 70.52% decrease from the prior year with a reported value of 8.53% for RY 2016.
    - Alcohol Screening had a 63.85% decrease from the prior year with a reported value of 8.53% for RY 2016.
    - Substance/Drug use screenings had a 67.95% decrease from the prior year with a reported value of 8.24% for RY 2016.
    - Education and counseling for OTC/prescription measures was reported as 77.14% for RY 2015 but decreased to 4.71% for RY 2016. Domestic violence screenings decreased from 58.10% to 4.12%, depression screenings went from 60.95% to 3.82%, and postpartum depression screenings went from 40.00% to 18.07%.
- A look at last year's reported denominators and numerators for prenatal measures indicates that denominators increased greatly for listed perinatal measures but numerators remained quite small, hence why rates may have significantly decreased between the two reporting years.
- Since Anthem's start was in 2014, the MCO does not have four or more years' worth of claims to help tabulate the LDL screening measure, therefore it was reported as N/A.
- 60.79% of children 3 to 11 years of age had documentation of height and weight, and 18.35% of those children had a healthy weight for those. Similarly, 50.65% of children aged 12 to 17 years had height and weight documented at outpatient visits, but 33.77% of those children had a healthy weight for height.
- Sexual activity and Depression screenings for Adolescents were nearly half the rate of screenings for tobacco and alcohol/substance use. Tobacco use screenings for adolescents were 51.95%, and alcohol/substance use screenings were 40.26%. Sexual activity screenings were considerably lower at 20.13% and depression screening rate for adolescents were 17.53%.
- Approximately one-fifth of children with special health care needs had an annual dental visit (19.8%).
- Well child visit rates for CHCSN ranged from 25% (ages 15 months, 12 to 21 years) to 32.14% (ages 3 to 6 years).
- Access to primary care practitioners' rates for CHCSN was not available for ages 7 to 21 years. 38.46% of children 12 to 24 months of age have a visit with a PCP whereas 42.86% of children (CHCSN) 25 months to 6 years old have a visit with a PCP.
- CMS 416 dental services measures improved across the various dental service measures. Approximately 17% of children had any dental services or oral health services. This, however, is considerably less than the aggregate state rate of 53.34%. Those receiving preventive dental services were only 14.37%, which was below the state

aggregate rate (40.56%). The rate of children receiving dental services (6.07%) is an improvement of 2.51% from RY 2015. Only 1.96% of children received a sealant on a permanent molar and 1.64% had any oral health services provided by a non-dentist provider.

Humana-CareSource – Performance Trends RY 2015 to RY 2016

Between RY 2015 to RY 2016, the MCO saw decreases in all Kentucky performance measures, some more significantly than others.

- There are no performance trends for Adult Tobacco Use given this is a new performance metric. However 56.69% of adults were screened for tobacco use. Of those screened 71.67% had a positive result, and of those tobacco users, 71.26% had received treatment.
- For Adult Preventive Care measures, documentation of height and weight and counseling for nutrition decreased in comparison to RY 2015 rates.
    - Documentation of height and weight decreased from 66.42% to 44.53%, whereas healthy weight for height decreased from 25.17% to 22.96%.
    - Documentation for counseling for nutrition and physical activity decreased for RY 2016. Counseling for Nutrition rates dropped (-10.95%) to 16.06% and counseling for physical activity decreased (-8.76%) to a rate of 16.79% for RY 2016.
    - LDL Screenings saw a small increase of 7.99% to a rate of 67.59% in RY 2016.
- Children ages 3 to 17 years saw improvements in healthy weight for height measurement rate showing a 4.59% increase which lead to a reported rate of 49.03%. Looking at RY 2014, 2015 and 2016, it seems gradual improvements are seen in this measure yearly. However, capturing height and weight for children ages 3 to 17 years dropped from RY 2015 to a rate of 57.66%, a negative trend compared to last year's improved scores.
- A drop in rate was seen in Depression, Alcohol and Sexual Activity screenings for Adolescents. Adolescent Depression Screening decreased from 50.7% to 29.70%, Sexual Activity Screening went from 47.18% to 27.50% and Alcohol Screening rates dropped 14.61% to a reported rate of 37.50% in RY 2016. Tobacco Use screening Rates (59.86%) remained higher than the other screenings.
- Alcohol (25.16%), Substance (23.29%) and Tobacco Screening Rates (27.02%) for the perinatal population were close in value for RY 2016. These screening rates had nearly a 15% drop from last year's rates. Rates for identifying alcohol users were quite small (<5%), but positive tobacco use rates were 35.63%. Of those identified as tobacco users, 74.19% received an intervention. Only 4% of those screened for substance abuse were positive, and of those, a third received intervention.
- Perinatal screening measures for RY 2015 showed a significant improvement from RY 2014. However, considerable decreases in rates were seen for RY 2016 such as assessment and counseling for OTC/prescription medication (19.25%) and postpartum depression screenings (19.74%). A possible explanation may be that denominators for RY 2016 increased from RY 2015 but numerators did not improve.
- For CHSHCN population, 96.43% of children 12 to 24 months of age had access to a PCP, 92.31% of children 25 months to 6 years old had access to a PCP and for children in age groups 7 to 11 years and 12 to 19 years, nearly 84% of children in those groups had access to a PCP for RY 2016.
- Approximately half of CHSHCN population under 21 years of age had an annual dental visit (51.23%). A gradual improvement in rates can be seen from prior years' reported rates.
- 41.91% of CHSHCN children ages 12 to 21 years, and 67.72% of children 3 to 6 years old had an annual well-child visit. The rate of children 12 to 24 months old well-child visits with 6+ visits was quite low (14.06%); since prior year rates were not provided for this age group, a trend could not be noted.
- CMS 416 dental services measure for any dental or oral health service rates had not changed significantly from prior year reported rates (RY 2016, 38.78% compared to RY 2015, 39.26%). Similarly, any dental services for RY 2016 had a rate of 29.92% and preventive services rates were 26.88%, similar to RY 2015 reported rates. As seen in most other MCOs' data, approximately 5% of members less than 21 years of age had a sealant on a permanent molar (4.10%).

Passport Health Plan – Performance Trends RY 2015 to RY 2016

- Of the adult population, 81.48% had a height and weight documented at an outpatient visit, with nearly 30% of that population having a healthy weight for height.
- Adult preventive care measure rates for counseling for nutrition (35.65%) and counseling for physical activity (37.04%) saw a 4.63% decrease from RY 2015.
- Adult Tobacco measures were new for RY 2016. Three fourths of the adult population received tobacco screening, with 65.34% of those screened identified as tobacco users and 60.56% of users receiving tobacco interventions.
- RY 2016 LDL screening rate had a 16.33% increase from prior year's reported rate of 59.62%
- The MCO had high rates for children 3 to 17 years old with documentation of height and weight (91.17%), and decent rates for healthy weight for height (62.02%). Rates for the two measures were similar for the two age groups, 3 to 11 and 12 to 17 years old. Passport Health Plan had the highest rates for documentation of height and weight for children 3 to 17 years old amongst the MCOs.
- Adolescent screenings for preventive visits decreased for RY 2016; 63.52% of 12 to 17 year olds had alcohol screenings compared to 72.84% prior year and depression screenings decreased by 4.82% to a reported rate of 39.62%. Similarly, sexual activity screenings had 49.69% compared to RY 2015's 61.73%, and Tobacco use screenings increased from 85.19% in RY 2015 to 71.70% in RY 2016.
- Perinatal measures had moderate increases across various screening measures such as alcohol use, tobacco use, substance use and various other measures.
- Identification of Alcohol Use rate was lower than identification of tobacco users' rates (8.11% versus 32.57%). Passport Health Plan had the highest rates of tobacco screening (84.81%), alcohol screening (81.77%) and substance use screenings (82.04%) of all the MCOs.
- Although identification of positive screened members has not improved significantly for the three screening measures, small improvements were seen in intervention rates.
- Considerable improvements were seen for domestic violence, depression and postpartum depression screening measures, and an upward trend in rates show improvements in the MCOs perinatal members being screened. Perinatal members screened for domestic violence was 42.27%, depression 82.32% and postpartum depression 82.86%.
- Education and counseling for OTC/prescription use for perinatal members decreased considerably from RY 2015 (60.85%) to a rate of 27.62%.
- Annual dental visits for children 2 to 21 years of age decreased from RY 2015. The RY 2016 rate of 45.42% was a considerable drop from RY 2015's 62.72%.
- CMS 416 dental services measure showed small percentage decreases that were not significant to produce rates considerably different from RY 2015. Percentages for members less than 21 years old receiving any dental or oral service, preventive service, or diagnostic dental service ranged from 40.25% (preventive dental service) to 46.31% (any dental or oral health service) .
- Children's access to PCP measures exceeded 90% for all age groups. Children aged 12 to 24 months and 12 to 19 years old had approximately 97% of its respective age group visiting a PCP during the measurement period versus 91.17% of children 25 months to 6 years old and 93.36% of children 7 to 11 years old.

WellCare of Kentucky – Performance Trends RY 2015 to RY 2016

- Adult Preventive Care measure rates for RY 2016 were comparable to RY 2015 and RY 2014 rates; 81.01% of adults had height and weight documented, with a quarter of those having a healthy weight for height (25.73%). Counseling for Nutrition rates (31.81%) and Counseling for Physical Activity rates (29.52%) were comparable.
- Adult Tobacco Use measures were new for RY 2016. 60.87% of the adult population had a tobacco screening, with 56.39% of those screened identified as tobacco users. Of those tobacco users, 50.67% received an intervention or counseling.
- LDL screenings only increased by 2.10% from RY 2015; the rate reported for RY 2016 was 74.66%.

- RY 2015 saw a decrease in rates for children's height and weight measures, but RY 2016 rates showed a positive trend upwards in percentages. Height and weight documentation for children 3 to 17 years of age was 71.76% for RY 2016 and of those, 37.93%, had a healthy weight for height (an increase of 6.98% from 2015).
- For adolescents, tobacco use and alcohol screenings were slightly higher than rates for sexual activity and depression screenings. Tobacco use screening rate for RY 2016 is 57.66%, alcohol screening rate 40.88%, sexual activity screening rate 21.90%, and depression screening rate 30.66%.
- Perinatal measures showed a small improvement from RY 2015 rates for nearly all measures
    - Tobacco screening rates improved 13.67% to a RY 2016 rate, 52.83%. Identification of tobacco users only improved by 6.81% (42.35%), but of those users, only 51.81% received any intervention, a decrease of 4% from RY 2015.
    - Alcohol screening rates improved nearly 10% from RY 2015, resulting in a rate of 46.09%
    - Substance use screening rates improved slightly more than alcohol screening rates (11.25% increase) to a reported value of 43.94% of perinatal members.
    - Other measures such as assessments (nutrition, OTC/prescription use) and screenings (depression, postpartum depression, domestic violence) also saw improvement. Most significant improvement was seen for postpartum depression measure rates that had an increase of 19% from RY 2015 (55.81%).
- The modified Annual Dental Visit measure saw small improvements from RY 2015. 62.72% of children 2 to 21 years old had at least one annual visit during measurement year 2015.
- Well-child visits were the highest for the 3 to 6 year old age group (67.83%), in comparison to the 15 month (44.91%) and 12 to 21 year old age groups (38.60%). RY 2016 rates were nearly comparable to RY 2015.
- As seen with most MCOs, rates for children's access to PCPs exceeded 90%. Rates did not change much across age groups, but ages 12 months to 6 years of age saw a small improvement from RY 2015. Children 12 to 24 months of age had the highest rates of children with access to a PCP (98.38%) whereas 93.52% of children ages 12 to 19 years had a visit to a PCP, the lowest rate of the age groups.
- CMS 416 dental services measure did not see vast improvements across the various submeasures except considerable increases were seen for members receiving oral health services from a non-dental provider (23.14%) and rates of members with any dental or oral services (60.29%) from RY 2015 rates. Both rates were the highest amongst the reported rates from other MCOs.

NCQA HEDIS 2016 Compliance Audit

HEDIS reporting is a contract requirement for Kentucky's Medicaid plans. In addition, the plans' HEDIS measure calculations are audited annually by an NCQA-licensed audit organization, in accordance with NCQA's HEDIS Compliance Audit specifications. Note that the MCO's were audited by NCQA licensed auditor individually contracted by each MCO and were not audited by IPRO.

As part of the HEDIS 2016 Compliance Audit, auditors assessed compliance with NCQA standards in the six designated Information Systems (IS) categories, as follows:

- IS 1.0: Medical Services Data – Sound Coding Methods and Data Capture, Transfer and Entry
- IS 2.0: Enrollment Data – Data Capture, Transfer and Entry
- IS 3.0: Practitioner Data – Data Capture, Transfer and Entry
- IS 4.0: Medical Record Review Process – Training, Sampling, Abstraction and Oversight
- IS 5.0: Supplemental Data – Capture, Transfer and Entry
- IS 6.0: Member Call Center Data – Capture, Transfer and Entry
- IS 7.0: Data Integration – Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

In addition, the following HEDIS Measure Determination (HD) standards categories were assessed:

- HD 1.0: Denominator Identification
- HD 2.0: Sampling
- HD 3.0: Numerator Identification
- HD 4.0: Algorithmic Compliance
- HD 5.0: Outsourced or Delegated HEDIS Reporting Functions

HEDIS 2016 Measures

For RY 2016, five (5) MCOs were able to report HEDIS 2016: Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. The measures required for reporting are listed by domain. MCO rates for all measures are presented in this section.

Effectiveness of Care: Prevention and Screening

- Adult BMI Assessment (ABA)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)
- Childhood Immunization Status (CIS)
- Immunization for Adolescents (IMA)
- HPV Vaccine for Female Adolescents (HPV)
- Lead Screening in Children (LSC)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women (CHL)

Effectiveness of Care: Respiratory Conditions

- Appropriate Testing for Children with Pharyngitis (CWP)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Medication Management for People With Asthma (MMA)
- Asthma Medication Ratio (AMR)

Effectiveness of Care: Cardiovascular Conditions

- Controlling High Blood Pressure (CBP)
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
- Statin Therapy for Patients With Cardiovascular Disease (SPC)

Effectiveness of Care: Diabetes

- Comprehensive Diabetes Care (CDC)
- Statin Therapy for Patients with Diabetes (SPD)

Effectiveness of Care: Musculoskeletal

- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)

Effectiveness of Care: Behavioral Health

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Follow-up After Hospitalization for Mental Illness (FUH)
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)
- Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Effectiveness of Care: Medication Management

- Annual Monitoring for Patients on Persistent Medications (MPM)

Effectiveness of Care: Overuse/Appropriateness

- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Appropriate Treatment for Children with URI (URI)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Use of Imaging Studies for Low Back Pain (LBP)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

Access /Availability of Care

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Children and Adolescents' Access to Primary Care Practitioners (CAP)
- Annual Dental Visit (ADV)
- Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)
- Prenatal and Postpartum Care (PPC)
- Call Answer Timeliness (CAT)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Utilization and Risk-Adjusted Utilization

- Frequency of Ongoing Prenatal Care (FPC)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well-Care Visit (AWC)
- Ambulatory Care: Outpatient Visits (AMB)
- Ambulatory Care: Emergency Department Visits (AMB)
- Inpatient Utilization: General Hospital/Acute Care (IPU)
- Identification of Alcohol and Other Drug Services (IAD)
- Mental Health Utilization (MPT)
- Antibiotic Utilization: Total (ABXA)

- Board Certification (BCR)
- Weeks of Pregnancy (WOP)

In Table 15 through Table 18, the MCOs' reported rates and the weighted statewide rate are provided when available. Where possible, the MCOs' reported rates are compared to the NCQA HEDIS 2016 Quality Compass® national percentiles for Medicaid HMOs. The number to the right of the MCO rate is how the rate compares to the national percentiles:

<25th – Below the national Medicaid 25th percentile.
>25th – At or above the national Medicaid 25th percentile but below the 50th percentile.
>50th – At or above the national Medicaid 50th percentile but below the 75th percentile.
>75th – At or above the national Medicaid 75th percentile but below the 90th percentile.
>90th – At or above the national Medicaid 90th percentile.

HEDIS Compliance Audits result in audited rates or calculations at the measure level and indicate if the measures can be publicly reported. The auditor approves the rate or report status of each measure and survey included in the audit, as shown below:

- Reportable (R) – a rate or numeric result. The organization followed the specifications and produced a reportable rate or result for the measure.
- Small Denominator (N/A) – the organization followed the specifications, but the denominator was too small (< 30) to report a valid rate.
- Benefit Not Offered (NB) – the organization did not offer the health benefit required by the measure.
- Not Reportable (NR) – the organization calculated the measure, but the rate was materially biased, or the organization chose not to report the measure or was not required to report the measure.

HEDIS 2016 Effectiveness of Care measures evaluate how well a health plan provides preventive screenings and care for members with acute and chronic illnesses, including: respiratory illnesses, cardiovascular illnesses, diabetes, behavioral health conditions and musculoskeletal conditions. In addition, medication management measures are included. Table 15 presents the HEDIS Effectiveness of Care rates for HEDIS 2016 along with the weighted state wide averages and comparison to the NCQA HEDIS 2016 national percentiles for Medicaid.

Table 15: HEDIS 2016 Effectiveness of Care Measures

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide (WSA)	WSA vs. NCQA Average
Prevention and Screening												
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)												
BMI Percentile	45.86%	<25th	54.86%	>25th	44.53%	<25th	85.87%	>75th	47.69%	<25th	54.01%	<25th
Counseling for Nutrition	43.50%	<25th	48.38%	<25th	37.96%	<25th	67.11%	>50th	43.52%	<25th	47.64%	<25th
Counseling for Physical Activity	35.70%	<25th	45.37%	>25th	32.12%	<25th	61.59%	>50th	42.36%	<25th	43.27%	<25th
Adult BMI Assessment (ABA)	86.79%	>50th	86.25%	>50th	71.05%	<25th	90.28%	>75th	84.55%	>50th	84.63%	>50th
Childhood Immunization Status: Combo 3 (CIS)	67.69%	>25th	47.54%	<25th	52.31%	<25th	79.81%	>90th	67.40%	>25th	69.37%	>25th
Immunizations for Adolescents (IMA)												
Meningococcal	81.01%	>50th	50.88%	<25th	62.53%	<25th	89.04%	>90th	75.09%	>25th	78.98%	>50th
Tdap/Td	86.43%	>50th	54.39%	<25th	63.99%	<25th	91.61%	>75th	81.23%	<25th	84.05%	>25th
Combination #1	80.62%	>50th	49.71%	<25th	59.37%	<25th	87.41%	>90th	74.40%	>25th	78.14%	>50th
Human Papillomavirus Vaccine for Female Adolescents (HPV)	16.51%	<25th	13.33%	<25th	12.43%	<25th	25.29%	>50th	16.20%	<25th	17.80%	>25th
Lead Screening in Children (LSC)	63.21%	>25th	41.55%	<25th	56.93%	>25th	77.26%	>50th	67.23%	>25th	67.39%	>25th
Breast Cancer Screening (BCS)	45.92%	<25th	N/A	N/A	31.28%	<25th	55.23%	>25th	50.64%	<25th	49.86%	<25th
Cervical Cancer Screening (CCS)	51.44%	>25th	42.92%	<25th	45.01%	<25th	55.90%	>25th	51.06%	>25th	50.64%	>25th
Chlamydia Screening in Women (CHL)	50.19%	>25th	49.05%	>25th	55.16%	>50th	64.01%	>75th	49.83%	>25th	53.27%	>25th
Respiratory Conditions												
Appropriate Testing for Children with Pharyngitis (CWP)	67.13%	>25th	70.79%	>25th	76.45%	>50th	84.56%	>75th	70.15%	>25th	71.60%	>25th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	21.63%	<25th	N/A	N/A	15.38%	<25th	33.64%	>50th	30.49%	>50th	28.78%	>25th
Pharmacotherapy Management of COPD Exacerbation (PCE)												
Systemic Corticosteroid	77.89%	>75th	68.23%	>25th	68.15%	>25th	73.42%	>50th	68.99%	>25th	71.27%	>50th
Bronchodilator	89.85%	>90th	77.86%	>25th	79.78%	>25th	83.72%	>25th	82.82%	>25th	83.68%	>25th
Medication Management for People with Asthma (MMA)												
Total – Medication Compliance 50%	63.39%	>90th	71.53%	>90th	66.61%	>90th	60.52%	>90th	61.78%	>90th	62.35%	>90th
Total – Medication Compliance 75%	39.27%	>75th	46.72%	>75th	45.12%	>75th	34.48%	>50th	37.80%	>75th	38.01%	>75th

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide (WSA)	WSA vs. NCQA Average
Asthma Medication Ratio (AMR)	69.74%	>75th	42.25%	<25th	60.00%	>25th	74.53%	>90th	68.39%	>75th	69.22%	>75th
Cardiovascular Conditions												
Controlling High Blood Pressure (CBP)	57.21%	>50th	58.18%	>50th	42.82%	<25th	53.76%	>25th	51.34%	>25th	52.29%	>25th
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	83.04%	>25th	64.04%	<25th	82.01%	>25th	85.31%	>50th	84.67%	>50th	82.52%	>25th
Statin Therapy for Patients With Cardiovascular Disease (SPC)												
Received Statin Therapy	75.35%	No BM	75.85%	No BM	71.34%	No BM	75.43%	No BM	73.13%	No BM	73.89%	No BM
Statin Adherence 80%	63.04%	No BM	81.99%	No BM	66.29%	No BM	82.22%	No BM	67.02%	No BM	68.79%	No BM
Diabetes												
Comprehensive Diabetes Care (CDC)												
Hemoglobin A1c (HbA1c) Testing	85.23%	>25th	86.71%	>50th	87.30%	>50th	83.19%	>25th	87.25%	>50th	86.23%	>50th
HbA1c Poor Control (> 9.0%)[1]	37.28%	<25th	47.73%	<25th	61.71%	>90th	45.42%	<25th	42.46%	<25th	44.51%	<25th
HbA1c Control (< 8.0%)	53.65%	>75th	40.73%	>25th	37.75%	<25th	45.42%	>25th	46.45%	>25th	46.30%	>25th
HbA1c Control (< 7.0%)	40.44%	>90th	27.01%	<25th	27.01%	<25th	31.94%	>25th	34.87%	>50th	33.92%	>50th
Eye Exam (Retinal) Performed	44.30%	<25th	36.89%	<25th	43.19%	<25th	44.93%	>25th	47.56%	>25th	45.25%	>25th
Medical Attention for Nephropathy	88.60%	>25th	88.99%	>25th	90.56%	>50th	90.68%	>50th	92.24%	>75th	90.86%	>50th
Blood Pressure Control (< 140/90 mmHg)	63.01%	>50th	62.24%	>50th	52.09%	<25th	58.07%	>25th	59.09%	>25th	59.12%	>25th
Statin Therapy for Patients with Diabetes (SPD)												
Received Statin Therapy	60.11%	No BM	57.20%	No BM	65.34%	No BM	62.38%	No BM	63.14%	No BM	62.21%	No BM
Statin Adherence 80%	62.96%	No BM	58.55%	No BM	63.01%	No BM	59.29%	No BM	65.35%	No BM	63.32%	No BM
Musculoskeletal Conditions												
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)	71.91%	>25th	63.69%	<25th	69.10%	>25th	66.56%	>25th	61.82%	<25th	65.15%	<25th
Behavioral Health												
Antidepressant Medication Management (AMM)												
Effective Acute Phase Treatment	61.69%	>75th	58.17%	>50th	67.65%	>90th	58.00%	>50th	55.00%	>50th	58.64%	>50th

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide (WSA)	WSA vs. NCQA Average
Effective Continuation Phase Treatment	46.19%	>75th	42.99%	>50th	54.30%	>75th	42.56%	>50th	40.12%	>50th	43.66%	>75th
Follow-up Care for Children Prescribed ADHD Medication (ADD)												
Initiation Phase	44.97%	>50th	26.32%	<25th	53.48%	>75th	51.13%	>75th	60.75%	>90th	52.41%	>75th
Continuation and Maintenance (C&M) Phase	51.93%	>25th	22.22%	<25th	62.50%	>75th	52.60%	>50th	67.49%	>90th	56.35%	>50th
Follow-up After Hospitalization for Mental Illness (FUH)												
7-Day Follow-up	41.62%	>25th	23.54%	<25th	29.03%	<25th	62.05%	>75th	35.12%	>25th	36.21%	>25th
30-Day Follow-up	61.40%	>25th	42.98%	<25th	47.73%	<25th	70.45%	>50th	58.78%	>25th	57.26%	>25th
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	78.33%	>25th	81.48%	>50th	80.90%	>50th	82.25%	>50th	82.46%	>50th	81.41%	>50th
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	66.67%	>25th	70.83%	>50th	71.15%	>50th	75.61%	>75th	71.13%	>50th	71.50%	>50th
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	72.73%	<25th	100.00%	>90th	77.78%	>25th	76.47%	>25th	78.89%	>25th	77.86%	>25th
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	59.79%	>25th	53.10%	>25th	52.80%	<25th	53.11%	>25th	63.90%	>50th	59.10%	>25th
Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total (APM)	20.11%	<25th	23.68%	<25th	28.51%	>25th	34.93%	>75th	23.89%	<25th	25.78%	>25th
Medication Management												
Annual Monitoring for Patients on Persistent Medications (MPM)												
ACE Inhibitors or ARBs	87.63%	>50th	87.11%	>25th	88.69%	>50th	90.43%	>75th	90.33%	>75th	89.40%	>25th
Digoxin	52.33%	>25th	48.28%	<25th	59.32%	>75th	50.93%	>25th	48.46%	<25th	50.72%	>25th
Diuretics	88.57%	>50th	86.51%	>25th	89.59%	>50th	90.71%	>75th	91.39%	>75th	90.17%	>25th
Total	87.70%	>50th	86.73%	>25th	88.93%	>50th	90.33%	>75th	90.47%	>75th	89.46%	>25th
Overuse/Appropriateness												
Non-recommended Cervical Cancer Screening in Adolescent Females (NCS) [1]	5.34%	>90th	5.58%	>90th	5.47%	>90th	4.31%	>90th	5.81%	>90th	5.35%	>90th

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide (WSA)	WSA vs. NCQA Average
Appropriate Treatment for Children with URI (URI)	64.29%	<25th	68.21%	<25th	70.87%	<25th	81.31%	<25th	62.48%	<25th	66.27%	<25th
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	14.58%	<25th	21.29%	<25th	19.61%	<25th	19.24%	<25th	17.27%	<25th	17.50%	<25th
Use of Imaging Studies for Low Back Pain (LBP)	62.60%	<25th	60.35%	<25th	60.14%	<25th	62.71%	<25th	61.76%	<25th	61.83%	<25th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC)[1]	1.66%	<25th	2.41%	<25th	1.64%	<25th	1.31%	<25th	1.62%	<25th	1.56%	<25th

[1] A lower rate reflects better performance

The rates for the HEDIS Effectiveness of Care measures for MY 2016 showed mixed results (Table 15).

In the Prevention and Screening domain, Passport Health Plan performed above the NCQA national Medicaid 50thpercentile for 11 of the 13 measures as compared to the remaining 4 plans, which did not perform as well. The statewide average rates exceeded the NCQA national Medicaid 50th percentile for Adult BMI Assessment, Immunizations for Adolescents: Meningococcal and Combination #1.

In the Respiratory Conditions domain, Passport Health Plan performed above the NCQA national Medicaid 50th percentile for 6 of the 7 measures as compared to the remaining 4 plans, which performed below the NCQA national Medicaid 50th percentile. Aetna Better Health rates for PCE: Systemic Corticosteroid and PCE: Bronchodilator measures were above NCQA national Medicaid 75th percentile. Similarly, the statewide average rates exceeded the NCQA national Medicaid 50th percentile for PCE Systemic Corticosteroid, 50% Medication Compliance and 75% Medication Compliance for People with Asthma and Asthma Medication Ratio.

For the Cardiovascular Conditions domain, 2 out of 5 MCOs performed better than the NCQA national Medicaid 50th percentile for both, Controlling High Blood Pressure (Aetna Better Health and Anthem BCBS Medicaid) and for Persistence of Beta-Blocker Treatment after a Heart Attack (Passport Health Plan and WellCare of Kentucky). Currently there is no benchmark reported for Statin Therapy for Patients with Cardiovascular Disease. The statewide average rates were below the NCQA national Medicaid 50th percentile for all measures within this domain.

For the Diabetes domain, most of the plans performed poorly when compared to the NCQA national Medicaid 50th percentile except for Passport Health Plan in Medical Attention for Nephropathy, Humana-CareSource in HbA1c Testing and Medical Attention for Nephropathy, WellCare of Kentucky in HbA1c Testing, HbA1c Control (< 7.0%) and Medical Attention for Nephropathy, Aetna Better Health in HbA1c Control (< 8.0%), HbA1c Control (< 7.0%) and Blood Pressure Control, and Anthem BCBS Medicaid in HbA1c Testing and Blood Pressure Control. The statewide average rates exceeded the NCQA national Medicaid 50th percentile for HbA1c Testing, HbA1c Control (< 7.0%), and Medical Attention for Nephropathy.

Musculoskeletal Conditions measure for Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis fell below the benchmark as compared to NCQA national Medicaid 50th percentile for all measures across all the 5 MCOs. The statewide average rate was also below the NCQA national Medicaid 50th percentile for this measure.

Results in the Behavioral Health domain were mixed. For the 11 measures in this domain, statewide rates were above the NCQA national Medicaid 50th percentile for 6 measures: Effective Acute Phase Treatment for AMM, Effective Continuation Phase Treatment for AMM, Initiation Phase and Continuation Phase for Follow-up Care for Children Prescribed ADHD Medication, Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications, and Diabetes Monitoring for People with Diabetes and Schizophrenia. The remaining 5 measures in this domain were above the 25th percentile but below the national Medicaid 50th percentile.

For Medication Management domain, Aetna Better Health, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky exceeded the NCQA national 50th percentile for the total rates of MPM. Conversely, Anthem BCBS Medicaid had total rates of MPM lower than the NCQA national 50th percentile for ACE Inhibitors or ARBs, Digoxin, Diuretics and Total.

In the Overuse and Appropriateness domain, the statewide rates for 4 of the 5 measures were below the NCQA national 25th percentile including the measure for Use of Multiple Concurrent Antipsychotics in Children and Adolescents where a lower rate reflects better performance. Conversely, the other measure where a lower rate is better, Non-Recommended Cervical Cancer Screening in Adolescent Females, was above the 90th percentile for all five MCOs, indicating an opportunity for improvement statewide.

HEDIS Access/Availability of Care measure domain examines the following (Table 16): adults who receive ambulatory health care services, children and adolescents who access their PCP for preventive services, annual dental visits, alcohol and other drug (AOD) dependence treatment, access to prenatal and postpartum services for the Medicaid product line,

call answer timeliness and use of first-line psychosocial care for children and adolescents on antipsychotics. Table 16 presents selected HEDIS 2016 Access and Availability measure rates for MY 2015 along with the weighted state wide averages and comparison to the NCQA HEDIS 2016 NCQA national percentile for Medicaid.

Table 16: HEDIS 2016 Access and Availability Measures

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
Adults' Access to Preventive/Ambulatory Health Services (AAP)												
20–44 Years	77.45%	>25th	73.56%	>25th	74.65%	>25th	77.32%	>25th	81.63%	>50th	78.30%	>25th
45–64 Years	85.17%	>25th	83.32%	>25th	84.51%	>25th	85.81%	>25th	89.80%	>75th	86.86%	>50th
65+ Years	80.75%	>25th	88.37%	>50th	83.70%	>25th	94.01%	>90th	90.33%	>50th	87.68%	>50th
Total	79.79%	>25th	77.06%	<25th	78.39%	>25th	80.20%	>25th	84.59%	>50th	81.27%	>25th
Children and Adolescents' Access to Primary Care Practitioners (CAP)												
12–24 Months	97.28%	>75th	92.03%	<25th	95.14%	>25th	97.84%	>75th	97.67%	>75th	97.22%	>50th
25 Months– 6 Years	89.96%	>50th	78.91%	<25th	82.96%	<25th	88.51%	>50th	91.84%	>75th	89.80%	>50th
7–11 Years	94.53%	>75th	100.00%	>90th	86.72%	<25th	92.47%	>50th	95.47%	>75th	94.35%	>75th
12–19 Years	92.77%	>75th	66.67%	<25th	85.93%	>25th	91.40%	>50th	94.05%	>75th	92.90%	>75th
Annual Dental Visit (ADV)	57.51%	>50th	33.37%	<25th	45.60%	>25th	42.23%	>25th	60.74%	>75th	54.52%	>50th
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)												
Initiation of AOD Treatment: Total	32.77%	>90th	38.41%	>90th	38.68%	>90th	27.97%	>90th	35.74%	>90th	34.22%	>90th
Engagement of AOD Treatment: Total	10.15%	<25th	11.36%	<25th	10.51%	<25th	8.47%	<25th	11.29%	<25th	10.42%	<25th
Prenatal and Postpartum Care (PPC)												
Timeliness of Prenatal Care	79.86%	>25th	79.44%	>25th	78.35%	>25th	86.83%	>50th	86.08%	>50th	83.39%	>50th
Postpartum Care	49.29%	<25th	55.61%	>25th	55.47%	>25th	66.29%	>50th	49.88%	<25th	54.26%	<25th
Call Answer Timeliness (CAT)	79.85%	>25th	87.56%	>50th	86.95%	>50th	80.41%	>25th	84.41%	>25th	82.86%	>25th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP)	57.94%	>25th	48.08%	<25th	65.09%	>50th	71.61%	>75th	61.67%	>50th	63.20%	>50th

Statewide rates related to Access and Availability were areas of strength for Kentucky Medicaid MCOs (Table 16). The statewide average ranked above the Medicaid NCQA national 50th percentile for 10 of the 15 measures. Measures below the NCQA national 50th included: AAP 20–44 Years, Total for AAP, Total Engagement of AOD Treatment, Postpartum Care and Call Answer Timeliness. WellCare of Kentucky and Passport Health Plan performed above the NCQA national 50th percentile for 12 out of 15 measures and 9 out of 15 measures, respectively.

Additionally, 4 MCOs ranked above the national NCQA Medicaid 50th percentile for CAP for 7–11 Years and 3 out of 5 MCOs' rates ranked above the NCQA national 50th percentile for each of the following measures: Total Initiation of AOD Treatment, APP for 65+ Years, CAP for 12–24 Months, CAP for 25 Months– 6 Years, CAP for 12–19 Years, Total Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.

HEDIS Utilization and Risk Adjusted Utilization domain (Table 17) contains four measures that have the same structure as the Effectiveness of Care measures, including: Frequency of Ongoing Prenatal Care: 81%+ Expected Visits; Well-Child Visits In the First 15-Months of Life(6+ Visits); Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; and Adolescent Well-Care Visits. They are subject to the same guidelines as the Effectiveness of Care domain for calculation, including the inclusion of all claims. They are also reported as percentages with a higher percentage indicating better performance. Table 17 presents selected HEDIS Utilization and Risk Adjusted Utilization measure rates for measurement year (MY) 2015 along with the weighted state wide averages and comparison to the HEDIS 2016 NCQA national percentiles for Medicaid.

Table 17: HEDIS 2016 Utilization and Risk Adjusted Utilization

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC)	61.61%	>50th	69.86%	>75th	61.31%	>50th	74.48%	>75th	73.09%	>75th	69.09%	>50th
Well-Child Visits in the First 15 Months of Life: 6+ Visits (W15)	55.66%	>25th	45.51%	<25th	51.09%	<25th	66.32%	>50th	56.02%	>25th	57.42%	>25th
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	58.17%	<25th	49.31%	<25th	61.56%	<25th	71.57%	>50th	62.20%	<25th	62.58%	>25th
Adolescent Well-Care Visits (AWC)	38.92%	<25th	29.30%	<25th	29.93%	<25th	45.18%	>25th	45.37%	>25th	41.95%	<25th
Ambulatory Care: Total Outpatient Visits (AMBA) (Per 1,000 MM)	494.58	>90th	368.80	>50th	463.53	>90th	381.60	>50th	557.24	>90th	482.29	>90th
Ambulatory Care: Total Emergency Department Visits[1] (AMBA: ER) (Per 1,000 MM)	74.39	>75th	75.36	>75th	80.89	>75th	84.20	>75th	83.17	>75th	80.44	>75th
Inpatient Utilization: General Hospital/Acute Care (IPU) (Per 1,000 MM)												
Total Discharges (Per 1,000 MM)	6.40	>25th	8.51	>75th	9.02	>75th	9.38	>75th	8.75	>75th	8.41	>50th
Medicine Discharges (Per 1,000 MM)	2.97	>25th	3.25	>50th	5.43	>75th	4.18	>50th	4.20	>50th	4.00	>50th
Surgery Discharges (Per 1,000 MM)	1.43	>50th	2.51	>75th	1.98	>75th	2.68	>75th	2.49	>75th	2.22	>75th
Maternity Discharges (Per 1,000 MM)	2.96	>25th	3.21	>50th	0.74	<25th	3.47	>50th	2.85	>25th	2.65	>25th
Identification of Alcohol and Other Drug Services (IAD) (Per 1,000 MM)												
Total Outpatient (Per 1,000 MM)	3.54 %	>25th	6.11%	>50th	7.75%	>75th	5.99%	>50th	6.00%	>50th	5.57%	>50th
Total Any (Per 1,000 MM)	3.93%	>25th	7.26%	>50th	9.03%	>75th	6.77%	>50th	6.96%	>50th	6.40%	>50th
Total Intensive (Per 1,000 MM)	0.19%	>50th	0.35%	>75th	2.16%	>90th	0.61%	>75th	0.17%	>50th	0.48%	>75th
Total Inpatient (Per 1,000 MM)	0.79%	>25th	2.03%	>50th	2.32%	>75th	1.46%	>50th	1.94%	>50th	1.60%	>50th
Mental Health Utilization (MPT)												
Total Any (Per 1,000 MM)	8.65%	>25th	5.86%	<25th	10.49%	>25th	11.67%	>50th	10.07%	>25th	7.84%	>25th
Total Intensive (Per 1,000 MM)	0.31%	>50th	0.22%	>50th	6.31%	>90th	0.78%	>75th	0.46%	>75th	16.23%	>90th
Total Inpatient (Per 1,000 MM)	0.93%	>50th	1.10%	>50th	1.15%	>50th	0.16%	<25th	1.21%	>50th	0.32%	<25th
Total Outpatient (Per 1,000 MM)	8.25%	>25th	5.07%	<25th	9.97%	>25th	11.56%	>50th	9.48%	>25th	1.91%	<25th
Antibiotic Utilization: Total (ABXA)												
ABXA: Average # of Antibiotic Prescriptions PMPY M&F	1.89	>90th	1.15	>75th	1.47	>90th	1.31	>75th	1.67	>90th	1.50	>90th
ABXA: Average # Days Supplied per Antibiotic Prescription M&F	9.21	>25th	9.01	<25th	9.00	<25th	9.15	>25th	9.09	>25th	9.09	>25th

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
ABXA: Percent Antibiotics of Concern of all Antibiotic Prescriptions	48.76%	<25th	50.89%	<25th	48.90%	<25th	42.88%	<25th	49.95%	<25th	48.28%	<25th

[1] A lower rate is better performance; BCBS: Blue Cross and Blue Shield; N/A: not applicable; MM: member months.

The Use of Services measures showed varied performance statewide (Table 17). The statewide average rate exceeded the NCQA national 50th percentile for one of the four of the Effectiveness of Care-like measures: Frequency of Ongoing Prenatal Care (≥ 81%+). Passport Health Plan rates exceeded the NCQA national 50th percentile for 3 of 4 Effectiveness of Care-like measures. The remaining 4 MCOs had 1 out of 4 measures above the NCQA national 50th percentile. All MCOs performed better than the NCQA national 50th percentile for Frequency of Ongoing Prenatal Care: 81%+ Expected Visits. The greatest opportunity for improvement was seen for Adolescent Well-Care Visits, where 3 of the 5 MCOs' had rates falling below the NCQA national 25th percentile.

It is difficult to interpret performance for the next two measures: Ambulatory Care: Outpatient Visits and Ambulatory Care: Emergency Department Visits (Table 18). For Outpatient Visits, rates for all four MCOs and the statewide average were above the national Medicaid 50th percentile. The statewide average exceeds the 90th percentile. Without more detailed information, it cannot be determined, however, whether this reflects appropriate utilization of services. Rates for all five MCOs and the statewide percentile were above the NCQA national 75th percentile for Ambulatory Care: Emergency Department Visits. The statewide average again exceeds the 75th percentile. Generally speaking, higher rates for ED visits are considered poorer performance.

The next four Use of Services measures also showed mixed performance (Table 17). For Inpatient Utilization, 4 out of 5 MCOs were above the NCQA national 75th percentile for Total Discharges (Per 1,000 MM). Conversely, Mental Health Utilization: Total Any (Per 1,000 MM) showed rates below the NCQA national 50th percentile for 4 out of 5 MCOs. All MCOs had rates above the NCQA national 75th percentile for Average number of Antibiotic Prescriptions PMPY M&F which may indicate some level of inappropriate prescribing. The rates for Average Number Days Supplied per Antibiotic Prescription M&F and Percent Antibiotics of Concern of all Antibiotic Prescriptions were below the NCQA national 50th percentile for all 5 MCOs. Lastly, for Identification of Alcohol and Other Drug Services: Total Any (Per 1,000 MM), 4 of the 5 MCOs were above the NCQA national 50th percentile.

HEDIS *Board Certification* rates illustrate the percentage of physicians in the provider network that were board certified as of the last day of the measurement year (MY ending December 31, 2015). Table 18 presents the HEDIS Board Certification rates for MY 2015 along with the weighted statewide average and a comparison of the MCO rates to the NCQA national percentiles.

Table 18: HEDIS 2016 Health Plan Descriptive Information – Board Certification

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
Family Medicine	67.96%	>25th	68.56%	>25th	40.46%	<25th	22.67%	<25th	47.12%	<25th	49.36%	<25th
Internal Medicine	74.32%	>25th	81.46%	>50th	61.85%	<25th	36.22%	<25th	48.64%	<25th	60.50%	<25th
Obstetrician/Gynecologist	87.50%	>75th	81.84%	>50th	70.13%	<25th	16.61%	<25th	47.91%	<25th	60.80%	<25th
Pediatricians	86.21%	>50th	81.72%	>25th	79.16%	>25th	39.66%	<25th	34.11%	<25th	64.17%	<25th
Geriatricians	50.00%	<25th	76.32%	>50th	25.00%	<25th	42.11%	<25th	61.29%	>25th	50.94%	<25th
Other Physician Specialists	80.54%	>25th	81.78%	>50th	67.59%	<25th	13.52%	<25th	38.18%	<25th	56.32%	<25th
Weeks of Pregnancy at Time of Enrollment <0 Weeks	66.49%	NB	33.10%	NB	43.84%	NB	45.68%	NB	62.96%	NB	50.41%	NB

BCBS: Blue Cross and Blue Shield; NB: no benchmark.

In general, all or most of the Board Certification rates for each of the MCOs hovered around the NCQA national 25th percentile, and represent an opportunity for improvement (Table 18). One notable difference was that Aetna Better Health was above the NCQA national 50th percentile for Obstetrician/Gynecologist and Pediatricians, and Anthem BCBS Medicaid for Internal Medicine, Obstetrician/Gynecologist, Geriatricians and Other Physician Specialists. Moreover, the statewide average ranked at or below the Quality Compass 25th percentile for all specialties. Currently, there is no benchmark for Weeks of Pregnancy at Time of Enrollment more than Zero Weeks.

Consumer Satisfaction Measures – Reporting Year 2016

DMS requires that all plans conduct an annual assessment of member satisfaction with the quality of and access to services using the CAHPS surveys. MCOs contract with an NCQA certified survey vendor to field these member satisfaction surveys for both the adult and child member populations to assess both satisfaction with the MCO and with participating providers. Questions are grouped into categories that reflect satisfaction with service and care. Using AHRQ's nationally recognized survey allows for uniform measurement of consumers' health care experiences and for comparison of results to benchmarks. Through Quality Compass, NCQA releases benchmarks for both the adult satisfaction survey and the child/adolescent satisfaction survey. Findings and interventions for improvement are reported to DMS and upon request, disclosed to members.

CAHPS 5.0H Adult Survey

The adult member satisfaction survey was sent to a random sample of members aged 18 years and older as of December 31, 2015, and who were continuously enrolled for at least five of the last six months of 2014 and are enrolled at the time the survey is completed. Table 19 presents the HEDIS CAHPS 5.0H Adult Version rates for selected MY 2015[1] measures for each of the MCOs along with the weighted statewide averages[2] and comparison to the HEDIS 2015 NCQA national percentiles for Medicaid. The MCOs' reported rates are compared to the NCQA HEDIS 2016 Quality Compass national percentiles for Medicaid HMOs, where possible. The number to the right of the MCO rate is how the rate compares to the national percentiles:

<25th – Below the national Medicaid 25th percentile.
>25th – At or above the national Medicaid 25th percentile but below the 50th percentile.
>50th – At or above the national Medicaid 50th percentile but below the 75th percentile.
>75th – At or above the national Medicaid 75th percentile but below the 90th percentile.
>90th – At or above the national Medicaid 90th percentile.

[1] The full reports of CAHPS data for each of the MCOs are available on the DMS Managed Care Oversight – Quality Branch Reports web page at: http://chfs.ky.gov/dms/pqomcoqbreports.htm .
[2] A weighted rate or average is obtained by combining different numbers according to the relative importance of each. In this case, the MCOs' individual performance rates are combined according to the size of the eligible populations as a portion of the total number of eligible members across all MCOs.

Table 19: CAHPS 5.0H Adult Survey

Measure[1]	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
Getting Needed Care[2]	80.56%	>25th	82.27%	>50th	84.53%	>75th	82.02%	>50th	84.03%	>75th	82.90%	>50th
Getting Care Quickly[2]	79.97%	>25th	83.87%	>75th	84.25%	>75th	82.07%	>50th	84.54%	>75th	83.11%	>50th
How Well Doctors Communicate[2]	91.75%	>50th	94.14%	>90th	91.57%	>50th	90.75%	>25th	92.71%	>75th	92.15%	>50th
Customer Service[2]	N/A	>90th	88.85%	>50th	86.59%	>25th	91.62%	>90th	88.57%	>50th	88.99%	>50th
Rating of All Health Care	64.02%	<25th	79.05%	>90th	78.91%	>90th	73.47%	>25th	80.95%	>90th	75.89%	>50th
Rating of Personal Doctor	79.07%	>25th	82.63%	>75th	81.78%	>50th	82.51%	>75th	82.88%	>75th	81.92%	>50th
Rating of Specialist Seen Most Often	82.01%	>50th	79.08%	>25th	81.20%	>50th	75.64%	<25th	80.00%	>25th	79.65%	>25th
Rating of Health Plan	67.78%	<25th	77.23%	>50th	80.06%	>75th	81.60%	>90th	84.67%	>90th	79.62%	>75th

[1] RY 2016. For "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never," the Medicaid rate is based on responses of "Always" and "Usually."
[2] These indicators are composite measures.
BCBS: Blue Cross and Blue Shield.

The statewide average rate ranked above the NCQA national 50th percentile rate for 7 out of 8 measures, all except Rating of Specialist Seen Most Often (Table 19). Rates that met or exceeded the 50th percentile included: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of All Health Care, Rating of Personal Doctor, and Rating of Health Plan.

MCOs' individual performance shows mixed results among these selected measures. Three MCOs (Anthem BCBS Medicaid, Humana-CareSource and WellCare of Kentucky) had 7 out of 8 measures above the NCQA national 50th, while Passport Health Plan had 5 measures above the NCQA national 50th percentile and Aetna Better Health had three.

Table 20: CAHPS 5.0H Child Survey

Measure[1]	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
Getting Needed Care[2]	89.73%	>90th	83.90%	>25th	86.15%	>50th	83.75%	>25th	87.60%	>75th	87.24%	>75th
Getting Care Quickly[2]	94.88%	>90th	92.55%	>75th	91.96%	>50th	88.94%	>25th	94.88%	>90th	93.41%	>75th
How Well Doctors Communicate[2]	94.97%	>75th	95.81%	>90th	92.32%	>25th	92.89%	>25th	94.58%	>50th	94.26%	>50th
Customer Service[2]	88.88%	>50th	88.13%	>25th	N/A	>90th	88.98%	>50th	85.91%	<25th	87.61%	>25th
Rating of All Health Care	84.86%	>25th	80.94%	<25th	85.66%	>25th	86.38%	>50th	85.67%	>25th	85.41%	>25th
Rating of Personal Doctor	85.95%	<25th	89.01%	>50th	83.03%	<25th	87.91%	>25th	88.24%	>25th	87.20%	>25th
Rating of Specialist Seen Most Often	N/A	N/A	81.48%	<25th	N/A	N/A	86.52%	>50th	N/A	N/A	85.81%	>25th
Rating of Health Plan	77.89%	<25th	75.00%	<25th	79.51%	<25th	90.44%	>75th	86.15%	>50th	83.78%	>25th

[1] RY 2016. For "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" and "Usually."

[2] These indicators are composite measures.

BCBS: Blue Cross and Blue Shield.

The statewide average rate for the child survey measures ranked above the NCQA national 50th percentile for 3 out of 8 measures (Table 20): Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate.

The MCOs' individual performance for the child survey remains as an opportunity for improvement (Table 20). None of the selected child CAHPS measures were below the NCQA national 25th percentile for Passport Health Plan, while 3 MCOs (Aetna Better Health, Anthem BCBS Medicaid and Humana-CareSource) had rates below the NCQA national 25th percentile for Rating of Health Plan.

Validation of Performance Improvement Projects 2016

Validation of Performance Improvement Projects

This section of the report presents the results of IPRO's evaluation of the Medicaid PIPs in progress during 2015–2016 and submitted to DMS in September 2016.[24]

The PIP assessments were conducted using tools developed by IPRO and consistent with CMS EQR protocols for PIP validation. Tables 21–58 summarize the PIPs proposed or in progress for each of the MCOs during 2015–2016 including IPRO's validation results. For PIP proposals, there is one table describing planned goals and key interventions. For PIPs in progress or completed there are two tables. The first table describes each PIP's goals and interventions. The second table summarizes results submitted by the MCO for baseline, interim and final measurement along with scores determined by IPRO which are considered to be 'pending' for baseline measurement and 'preliminary' for interim measurement. For all final reports, the 'preliminary' score is re-calculated based on pending items that were addressed in the final report and an updated, 'final' score is determined.

During this period, there were three statewide collaborative PIP topics, which involved all plans:

- Safe and Judicious Antipsychotic Use in Children and Adolescents, 2015–2017
- Effectiveness of Coordinated Care Management on Physical Health Risk Screenings in the Seriously Mentally Ill (SMI) Population, 2016–2018
- Prenatal Smoking, 2017–2019

[24] The full PIP reports for each of the MCOs submitted at the time of the final remeasurement are available on the DMS Managed Care Oversight – Quality Branch Reports web page at: http://chfs.ky.gov/dms/pqomcoqbreports.htm

Table 21: Aetna Better Health PIP – Decreasing Avoidable Hospital Readmissions

Goals and Interventions				
PIP Period 2014–2016 Final Report				
Goals				
Decrease hospital readmissions through implementation of an enhanced program of member education in conjunction with timely post discharge follow-up.				
Key Interventions				
Provider Interventions: · Evaluated readmission processes and requested feedback at Quality Management/Utilization Management (QM/UM) provider forums. Member Interventions: · Conducted outreach to discharged members via mailings. · Conducted outreach to discharged members with COPD and heart disease via phone calls. Health Plan Interventions: · Implemented new Aetna Better Health system to track and report case management interventions (transportation assistance, assistance with scheduling appointments, providing educational materials, notation of members who could not be reached and members who declined assistance, documenting member enrollment in case management).				
Results				
Indicator	Baseline Rate MY 2013	Interim Rate MY 2014	Final Rate MY 2015	Goal
HEDIS Plan All Cause Readmission (PCR)	23.54%	21.27%	20.27%	21.54%
Total Compliance Score	N/A	78.00	90.50	100.00
Improvement: The All Cause Readmission rate decreased from 23.54% at baseline (2013) to 21.27% at interim (2014) and to 20.27% at final (2015) remeasurement and exceeded the goal for a 2 percentage point decrease by 2015.				

MY: measurement year; N/A: not applicable.

Table 22: Aetna Better Health PIP – Follow-up Care for Children Prescribed ADHD Medication

Goals and Interventions				
PIP Period 2015–2017 Interim Report				
Goals				
· Increase compliance with follow-up visits during the medication initiation phase rates for members with ADHD and their providers, and · Increase compliance with follow-up visits during the medication continuation and maintenance phase rates for members with ADHD and their providers				
Key Interventions				
Provider Interventions: · Conduct provider education through sharing sending copies of member educational letters and packets. · Host a series of provider events (i.e., the Aetna Road Show) in each of the 8 Regions of Kentucky. · Post on ADHD guidelines on the provider website. · Send fax blasts with ADHD guidelines to all non-psychiatric medical providers who have prescribed ADHD medications. Member Interventions: · Identify members newly prescribed ADHD medications and mailed educational letters and packets to the parents/guardians to encourage receipt of therapy services and provided ADHD education. Health Plan Interventions: · Create a monthly pharmacy report to identify children ages 6–12 years newly prescribed ADHD medications. · Develop a program to identify members at risk. · Conduct an educational outreach program targeting elementary schools in counties with highest number of MCO members with ADHD prescriptions.				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS ADHD Measure: Initiation Phase	44.59%	44.97%	TBD	50.59%
HEDIS ADHD Measure: Continuation and Maintenance Phase	52.35%	51.93%	TBD	58.35%
Preliminary Compliance Score	N/A	60.75	TBD	100.00
Improvement: With DMS approval, the MCO reported HEDIS 2015 (MY 2014) data as their baseline rates, a revision from the initial project proposal. Between baseline and interim years, rates did not change significantly and the PIP goals have not yet been attained.				

ADHD: attention deficit and hyperactivity disorder; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 23: Aetna Better Health Statewide Collaborative PIP – Use of Antipsychotics in Children and Adolescents

Goals and Interventions
PIP Period 2015–2017 Interim Report
Goals
Improve performance related to: · Appropriate prescribing practices for antipsychotics for children and adolescents · First-line psychosocial care and metabolic monitoring for children and adolescents who receive antipsychotic medications
Key Interventions
Provider Interventions: · Develop a provider education resource packet, including: clinical practice guidelines; a list of network behavioral health providers and distributed via mail, at provider forums, at internal committee meetings, via fax and at provider outreach events; · Develop a Pediatric Antipsychotic Look-up Tool to identify members on antipsychotic medications and assign a risk score. · Prioritize education for physicians who prescribed antipsychotic medications and whose members have an assigned risk score ≥ 6. · Develop a tracking system to identify physicians who inappropriately prescribe antipsychotics (higher-than-recommended doses, multiple concurrent prescriptions, for non-psychotic indications). · Develop a tracking system to record provider outreach activities. · Conduct ongoing provider education on best practice parameters via fax blast. · Develop and distributed a "Tip Sheet" for HEDIS measures on antipsychotic medication use. · Add behavioral health resources to the provider web page. Member Interventions: · Develop and disseminate a member educational resource packet including a list of behavioral health providers; how to obtain assistance with transportation, how to locate participating behavioral health specialists, how to make appointments for behavioral health services. · Conduct outreach calls to members' parents 3–5 days after the educational packets were mailed. · Use the new Pediatric Antipsychotic Look-up Tool to identify members who are prescribed antipsychotic medications and assign a risk score. · Prioritize members with an assigned risk score of ≥ 6 for education. · Develop a tracking system to identify members who receive inappropriate prescriptions for antipsychotic medications and conduct follow-up. · Develop a tracking system to record member outreach activities. · Review members identified as "high-risk" (score ≥ 6) and assigned outreach and education responsibility accordingly. Members deemed high risk are assigned to case management, members in foster care members assigned to clinical health services, and the remaining members will be assigned to quality management staff. · Add behavioral health resources and links to the member web page. · Publish a member newsletter article on antipsychotic use in children and adolescents. Health Plan Interventions: · Develop a Pediatric Antipsychotic Look-up Tool and generated a monthly report to identify members on antipsychotics with a risk score ≥ 6. · Develop a tracking system to identify members who are prescribed antipsychotics inappropriately. · Conduct outreach to pharmacies around the state to request input on the use of antipsychotics in children and adolescents.

Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Use of Concurrent Antipsychotics in Children and Adolescents	1.13%	1.66%	TBD	0.00%
HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	59.60%	57.94%	TBD	65.60%
HEDIS Metabolic Monitoring for Children and Adolescents on Antipsychotics	20.69%	20.11%	TBD	26.69%
Preliminary Compliance Score	N/A	48.50	TBD	100.00
Improvement: There is currently no evidence of improvement.				

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 24: Aetna Better Health PIP – Increasing Comprehensive Diabetes Testing and Screening

Goals and Interventions				
PIP Period 2015–2017 Interim Report				
Goals				
This PIP aims to answer the following questions: Will provider and member knowledge/education/reminders lead to: · Increased HbA1C testing rates among members with diabetes? · Increased retinal eye exam rates among members with diabetes?				
Key Interventions				
Provider Interventions: · Contact PCPs (646) who serve members with diabetes (8,937) and provide reminders about screening and testing as well as patient education materials; · Conduct outreach to ophthalmologists and optometrist regarding barriers encountered in providing retinal eye exams to members with diabetes; · Post American Diabetes Association (ADA) clinical practice guidelines on the MCO website; and · Develop and distribute a tip sheet that includes HEDIS CDC requirements, correct coding information, and links to online resources. Member Interventions: · Develop and distribute member educational materials on diabetes for members that are reported as non-compliant for diabetes services including – member letter, Krames educational materials on diabetes, Nurse Line brochure, contact for transportation assistance; and · Develop and distribute a diabetes education packet for members in case management, including Krames educational materials on diabetes, nutrition resources, transportation assistance contact information. Health Plan Interventions: · Hire a Prevention and Wellness Coordinator; · Enhance disease management educational efforts from only one mailing to quarterly messaging, care gap reviews, phone outreach for missed services; · Create a community resource grid for case managers on county-specific government resources and programs for CM use and to post on MCO website; · Develop a tracking system in NavCare CM system for members with diabetes to track educational efforts, reminders, outreach and services received by each member; · Conduct a barrier analysis related to members receiving insulin in the ED versus self-administering at home routinely; and · Collaborate with Park DuValle Community Health Clinic to provide reports on gaps in care for their panel members with diabetes and expand to other provider practices.				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Diabetes Eye Exam	40.51%	44.30%	TBD	46.51%
HEDIS HbA1c Testing	87.04%	85.23%	TBD	90.04%
Preliminary Compliance Score	N/A	58.00	TBD	100.00
Improvement: The rate for conducting diabetes eye exams increased from 40.51% at baseline (MY 2014) to 44.30% at the interim year (MY 2015). This measure did not meet the performance goal of the NCQA 25th percentile rate. The rate for HbA1c testing decreased between baseline and interim measurement and did not meet the performance goal.				

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 25: Aetna Better Health Statewide Collaborative PIP – Preventive Care for Members with Serious Mental Illness

Goals and Interventions				
PIP Period 2016–2018 Baseline Report				
Goals				
Improve physical health and increase screening rates for members with SMI through an increased focus on member and provider outreach, member access and utilization of preventative/ambulatory services, education and enrollment in Case Management (CM).				
Key Interventions				
Provider Interventions: · QM to distribute quarterly member gaps in care reports to providers and CM · Post best practices to provider web site Member Interventions: · CM conducts member outreach based upon quarterly gap reports Health Plan Interventions: · QM develops and distributes care gap reports · Provide training on best practices to the Coalition for the Homeless and other local community agencies				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Obesity Screening – BMI	4.10%	TBD	TBD	10.10%
Cholesterol Screening/Lipid Testing	41.17%	TBD	TBD	47.17%
Blood Pressure Screening	2.31%	TBD	TBD	8.31%
Members Screened for Tobacco Use	11.32%	TBD	TBD	17.32%
Members Screened and Identified for Tobacco Use	87.25%	TBD	TBD	84.25%
Members Identified for Tobacco Use and a Cessation Intervention	52.05%	TBD	TBD	58.05%
Members Identified for a Tobacco Cessation Intervention and were Prescribed Cessation Medication	31.46%	TBD	TBD	37.46%
Diabetes Screening	79.78%	TBD	TBD	83.78%
Members Enrolled in Case Management	3.70%	TBD	TBD	9.70%
Pending Compliance Score	N/A	TBD	TBD	100.00
Improvement: To be determined with interim and final results.				

SMI: serious mental illness; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 26: Aetna Better Health PIP – Improving Postpartum Care

Goals and Interventions
PIP Period 2016–2018 Baseline Report
Goals
· Increase the rate of timely postpartum visits using additional member outreach and incentives · Increase the number of members identified as at risk for perinatal depression and · Increase the proportion of members who are screened for depression in the prenatal period and in the postpartum period by promoting depression screenings to pregnant members and providers
Key Interventions
Provider Interventions: · Identify and meet with high volume providers to identify best practices · Identify and meet with low volume providers to identify opportunities for improvement · Create a tip sheet with what works, what does not work and diagnostic codes for billing · Present tip sheet together with "Postpartum Exam Date Matrix" to provide reference point for the 21–56 day window for visits Member Interventions: · Offer a diaper bag plus incentive for postpartum visit within 21–56 days of delivery discharge · Utilize monthly pregnancy report to (1) identify members newly pregnant for educational outreach packet mailing and to (2) outreach "high risk" members for enrollment in CM. · Create a brochure for members based upon the Edinburgh Postnatal Depression Scale to provide members with a postpartum depression assessment that they can conduct at home. Health Plan Interventions: · CM and QM to (1) develop a tracking system to identify "high risk" membership for CM referral and (2) to monitor types of outreach attempted to the member (e.g., mail and telephone calls). · Pull and review the "New Birth Report" every 2 weeks for QM and CM follow-up for postpartum incentive, educational materials, resources (transportation, setting up appointments, cultural and linguistic assistance), and benefits (postpartum depression screenings)

Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
HEDIS Postpartum Care Visits	49.29%	TBD	TBD	55.29%
HEDIS Postpartum Care Prenatal	79.86%	TBD	TBD	85.19%
HEDIS Postpartum Care Prenatal Depression Screening	31.75%	TBD	TBD	37.75%
HEDIS Postpartum Care Postpartum Depression	23.56%	TBD	TBD	29.56%
Pending Compliance Score	N/A	TBD	TBD	100.00%
Improvement: To be determined with interim and final results.				

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 27: Aetna Better Health PIP – Increasing Follow-up Care After Hospitalization for Mental Illness

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
Increase the number of members with follow up visits after a hospital stay due to mental health reasons within 7 and 30 days by developing and implementing outreach interventions, improving the collaborative efforts within Aetna Better Health and VBS provider groups and providing member incentives.
Key Interventions
Provider Interventions: · Add Follow-up After Hospitalization for Mental Illness (FUH) as one of the 10 focal points of Value Based Solution (VBS) contracts and send monthly "compliance score cards" to VBS-contracted providers. · Develop systems and reports for timely information sharing with providers regarding members discharged from the hospital. Member Interventions: · Member gift card incentive for completing follow-up visit within 7 days of discharge. · Member educational mailing sent to member's home upon hospital admission. Health Plan Interventions: · Improve processes to identify members discharged from the hospital and refer members to case management. · Improve collaboration between behavioral health and physical health case managers in order to facilitate member outreach post hospital discharge. · Create processes to track members in Foster Care. · Create and disseminate provider toolkit for coding FUH visits.

Table 28: Aetna Better Health Statewide Collaborative PIP – Prenatal Smoking

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
Implement a robust set of member, provider, community and plan interventions to improve prenatal screening for tobacco use and interventions for tobacco use rates. Increase the prenatal smoking abstinence rate.
Key Interventions
Provider Interventions: · Prevention and Wellness Coordinator will educate providers about ACOG guidelines and the importance of follow-up monitoring using a toolkit that includes information on the services offered through the MCO, as well as Quit Line information. · Training will be given to providers on the collaborative Quit Line information sheet the MCOs completed. Member Interventions: · Case Management team to identify pregnant smokers during intake calls. · Case Management will promote the use of the Quit Line at every point of contact and educate members of the harm smoking causes. · Voxiva will send smoking cessation text messages via the Text4Baby program throughout members' pregnancies. Health Plan Interventions: · Develop and implement an enhanced care management program utilizing the "5 A's" and tailor coordinator to susceptible populations. · Case Management and Quality Management teams will work to create a report on members who have been identified as pregnant and smoking. · Use of the SafeLink/Voxiva cell phone usage as a method of communicating via text message with members · Providers will notify the MCO of members' pregnancy status via the Notice of Pregnancy Form.

Table 29: Anthem BCBS Medicaid Statewide Collaborative PIP: Use of Antipsychotics in Children and Adolescents

Goals and Interventions				
PIP Period 2015–2017 Interim Report				
Goals				
· Increase the proportion of children and adolescents 1–17 years on antipsychotics who had metabolic testing by 3 percentage points. · Increase the proportion of children and adolescents 1–17 years who were newly prescribed an antipsychotic and who had first-line psychosocial care by 3 percentage points. · Decrease the proportion of children and adolescents 1–17 years who were on ≥ 2 concurrent antipsychotics by 3 percentage points.				
Key Interventions				
Provider Interventions: · Conduct direct outreach to notify providers of panel members with gaps in metabolic monitoring. · Conduct direct outreach to providers who prescribe multiple antipsychotics. Member Interventions: · Made outreach calls parents/guardians regarding the need for first-line psychosocial care.				
Results				
Indicator	**Baseline Rate MY 2014**	**Interim Rate MY 2015**	**Final Rate MY 2016**	**Goal**
HEDIS APC: Use of Multiple Concurrent Antipsychotics	N/A	2.30%	TBD	0.00%
HEDIS APP: Use of First-Line Psychosocial Care	N/A	43.48%	TBD	46.48%
HEDIS APM: Metabolic Monitoring	N/A	22.41%	TBD	25.41%
Follow-up Visit	N/A	NR	TBD	TBD
Metabolic Screening	N/A	NR	TBD	TBD
Use of Higher-than-Recommended Doses	N/A	NR	TBD	TBD
Preliminary Compliance Score	N/A	40.25	TBD	100.00
Improvement : As a new health plan, there was a limited population of children and adolescents, resulting in a null or low denominator for the initial measurement year. Level of improvement cannot be assessed until MY 2016 data is available.				

MY: measurement year; TBD: to be determined; N/A: not applicable, low denominator; NR: not reported.

Table 30: Anthem BCBS Medicaid PIP – Reducing Avoidable Emergency Department Utilization

Goals and Interventions				
PIP Period 2015–2017 Interim Report				
Goals				
· Decrease the number of ED visits annually. · Decrease the number of members with ≥ 10 ED visits annually. · Reduce the total number of ED visits among members enrolled in the top-five high-volume PCP practices and the 5 PCP practices with the highest ED utilization. · Increase the HEDIS Adult Access to Preventive/Ambulatory Services (AAP) rate. · Increase the HEDIS Children and Adolescents' Access to Primary Care Practitioners (CAP) rate.				
Key Interventions				
Provider Interventions: · Provide the top-five high-volume PCP practices and the five practices with the highest ED utilization with data on panel members' ED visits. Member Interventions: · Assign case managers to focus on frequent ED users. · Distribute member education letters on the PCP-relationship, the 24-Hour Nurse Line, when to use the ED, alternative settings to the ED, and transportation services. · Initiate post-ED follow-up calls to members.				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS AMB: Ambulatory Care: ED Visits/1,000 MM	87.05	74.23	TBD	82.05
HEDIS AMB: Ambulatory Care: Outpatient Visits/1,000 MM	348.44	NR	TBD	TBD
HEDIS AAP: Adults' Ambulatory or Preventive Care Visit	78.49%	76.88%	TBD	83.59%
HEDIS CAP: Children's and Adolescents' Access to PCPs	N/A	82.27%	TBD	TBD
Members with ≥ 10 ED Visits Resulting in Discharge	NR	NR	TBD	TBD
Rate of ED Visits for Top-5 High-Volume ED Utilization PCP Panels	NR	NR	TBD	TBD
Preliminary Compliance Score	N/A	34.25	TBD	100.00
Improvement: ED Visits/1,000 MM decreased more than the established goal of a 5 percentage point decrease from the baseline rate. Adult ambulatory or preventive visits did not increase from baseline to interim remeasurement. Interim results were not reported for three of the study indicators.				

MY: measurement year; ED: emergency department; PCP: primary care provider; MM: member months; TBD: to be determined; N/A: not applicable; NR: not reported.

Table 31: Anthem BCBS Medicaid PIP – Increase Annual Dental Visits in the EPSDT Population

Goals and Interventions				
PIP Period 2016–2018 Baseline Report				
Goals				
Anthem aims to increase the number of EPSDT members ages 2–21 who have an annual dental visit. The goal is to improve the total number of annual dental visits over the next 3 years to show an increase to the 2015 NCQA 25th percentile per Quality Compass data by MY2017 (HEDIS 2018). The 2015 NCQA 25th percentile is 43.28%, and the 50th is 52.65%.				
Key Interventions				
Provider Interventions: · Conduct onsite visits to Public Health Departments to educate the Public Health staff on availability of MCO network providers for referrals following oral health screenings conducted by health department staff. · Reimbursement for oral health screenings performed within Public Health Departments. Member Interventions: · Conduct telephonic outreach to members without ADV. · Reminder mailings to members without ADV. Health Plan Interventions: · Collaborate with school based dental programs and coordinate with public health department outreach efforts. · Analyze dental network for adequacy of expanded office hours to meet the needs of members with gaps in dental care. · Expand dental provider network. · Conduct Dental Network Validation Study to improve accuracy of information provided to members to improve access to dental providers. · Track missed appointments and use to inform case management interventions.				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
HEDIS Annual Dental Visits (ADV)	33.19%	TBD	TBD	43.28
Pending Compliance Score	N/A	TBD	TBD	100.00
Improvement: This PIP is using MY 2015 as the baseline; therefore, comments regarding improvement cannot be made at this time.				

ADV: annual dental visit; MY: measurement year; TBD: to be determined; N/A: not applicable; NR: not reported.

Table 32: Anthem BCBS Medicaid Statewide Collaborative PIP –Coordinated Care Management on the Seriously Mentally Ill Population

Goals and Interventions				
PIP Period 2016– 2018 Baseline Report				
Goals				
The SMI PIP goal is to achieve reduction in health care disparities and improve overall health for the SMI member population.				
Key Interventions				
Provider Interventions: · Schedule on-site visit with providers to address the gaps in care reports and facilitate scheduling. · Educate providers by developing materials to address lack of care for members with SMI. · Educate providers that tobacco cessation counseling is billable, availability of medical benefits for members who smoke, and to refer to Quit Now Kentucky. Member Interventions: · SafeLink texting program. · Gaps in care outreach to assist with scheduling appointments with providers. · Member newsletter to address preventative visits. Health Plan Interventions: · Collaborate with the physical and behavior health case management teams to improve clinical outcomes (plan indicated this as a member intervention).				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Positive Tobacco Use Screening for People with Schizophrenia or Bipolar Disorder	87.60%	TBD	TBD	90.60%
Positive Tobacco Use Screening and Follow up for People with Schizophrenia or Bipolar Disorder	53.30%	TBD	TBD	56.30%
Blood Pressure Assessment for People with Schizophrenia or Bipolar Disorder	22.63%	TBD	TBD	25.63%
Cholesterol Screening for People with Schizophrenia or Bipolar Disorder	27.66%	TBD	TBD	30.66%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder	NR	TBD	TBD	TBD
HEDIS Body Mass Index screening for People with Schizophrenia or Bipolar Disorder	31.30%	TBD	TBD	31.4%
HEDIS Access to Preventive/Ambulatory Health Services for Adults with People with Schizophrenia or Bipolar Disorder	94.97%	TBD	TBD	97.97%
Pending Compliance Score	N/A	TBD	TBD	100.00
Improvement: To be determined with interim and final results				

SMI: serious mental illness; MY: measurement year; TBD: to be determined; N/A: not applicable; NR: not reported.

Table 33: Anthem BCBS Medicaid PIP – Increase Cervical Cancer Screening

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
Anthem BCBS Medicaid plans to increase cervical cancer screening rates for female health plan members ages 21–64 by creating a robust sustainable interventions program over the next three years.
Key Interventions
Provider Interventions: · Conduct provider education, e.g., handouts on documentation hints, preventative care reminders for members, quick reference tool. · Distribute member failed list to PCP via email/mail/medical record review/HEDIS outreach. · Outreach to physicians in areas with highest volume of culturally susceptible subpopulations. Member Interventions: · Mail educational brochure to members. · Conduct outreach calls to members. · Assist members with locating providers. · Facilitate transportation to appointments. · Conduct community outreach to members in areas with highest volume of culturally susceptible subpopulations. Health Plan Interventions: · Develop member gap lists and conduct provider outreach. · Identify culturally susceptible subpopulations by geographic area and conduct outreach to members and providers to promote screening.

Table 34: Anthem BCBS Medicaid Statewide Collaborative PIP – Prenatal Smoking

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
Anthem BCBS Medicaid aims to implement effective and long-lasting interventions in order to increase the number of pregnant women who cease and abstain from cigarette smoking, especially during pregnancy.
Key Interventions
Provider Interventions: · Educate providers about smoking cessation benefits and the ACOG's five A's. · Develop a Notice of Pregnancy form for providers to use to inform Care Management of prenatal smokers. Member Interventions: · Develop a high-risk obstetric Care Management program targeting smokers for education, outreach, and follow-up. Health Plan Interventions: · Develop an MCO smoker registry to identify smokers for outreach, counseling, and referral to the Kentucky Quit Line. · Improve the response rates for Initial Health Risk Assessments for new members by collaborating with providers to complete the HRAs. · Use HRA data in order to develop new methods of identifying smokers. · Work with the Kentucky Quit Line to track MMC members who contact the line and receive services, and monitor those members' quit status.

Table 35: Humana-CareSource PIP – Emergency Department Use Management

Goals and Interventions
PIP Period 2014–2016 Final Report
Goals
Decrease the number of EDs visits by Humana-CareSource Medicaid members through proposed member and provider-targeted interventions.
Key Interventions
Provider Interventions: · Conducted PCP education programs on standards for timely access to care. · Published provider newsletter articles related to PCP access standards. · Disseminated information related to access to care and ED lock-in. · Explored the development of a provider education webinar on ED utilization. Member Interventions: · Initiated case management and self-management programs targeted at members with ≥ 4 ED visits per year. · Distributed member newsletter articles and educational mailings on appropriate use of the ED. · Disseminated information on appropriate sites of care for routine, urgent, and emergency treatment. · Maintained a 24/7 Nurse Triage phone line to direct members seeking care to the appropriate site. · Conducted outreach to high-utilizers that used the ED for non-urgent or routine care. · Developed member education materials on how to manage common non-emergent conditions/symptoms. Health Plan Interventions: · Retained a vendor to conduct a "Secret Shopper" survey to assess PCP after-hours availability. · Implemented interventions to address providers who were non-compliant with after-hours availability standards. · Developed a report to identify primary and secondary diagnoses for high-ED utilizers. · Referred high-ED utilizers to care management. · Explored collaboration with local Emergency Medical Services (EMS) for an ED diversion program.

Results				
Indicator	Baseline Rate MY 2013[1]	Interim Rate MY 2014	Final Rate MY 2015	Goal
ED Visits (per 1,000 members)	501.40	651.68	721.67	619.10
Members with 4 or More Visits (per 1,000 members)	26.29	38.83	44.94	36.89
Total Compliance Score	N/A	72.00	79.50	100.00
Improvement: Humana-CareSource served only Region 3 in MY 2013. MY 2014 was used as the baseline for statewide measurement. Both indicators increased between interim (new baseline) and final, thus the goal of a 5% decrease for each indicator was not met.				

[1] Humana-CareSource served only Region 3 in 2014 and has since expanded statewide. MY 2013 is Region 3 only data; MY 2014 and 2015 are statewide rates.

ED: emergency department; PCP: primary care provider; MY: measurement year; N/A: not applicable.

Table 36: Humana-CareSource PIP –Antidepressant Medication Treatment Among Members with Depression

Goals and Interventions				
PIP Period 2014–2016 Final Report				
Goals				
Increase the number of members with depression who remain on an antidepressant medication: · During the acute treatment phase, for at least 84 days (12 weeks) · During the continuation treatment phase, for at least 180 days (6 months)				
Key Interventions				
Provider Interventions: · Collaborated with the behavioral health vendor, Beacon Health Strategies, to develop and conduct provider education. Member Interventions: · Developed and mailed a member education article on the role of medication management in treating depression. Health Plan Interventions: · Monitored pharmacy refill data for targeted care management member outreach.				
Results				
Indicator	Baseline Rate MY 2013[1]	Interim Rate MY 2014	Final Rate MY 2015	Goal
HEDIS Antidepressant Medication Management (AMM) – Acute Phase (at least 84 days)	N/A	68.35%	67.65%	62.57%
HEDIS Antidepressant Medication Management (AMM) – Continuation Phase (for at least 180 days)	N/A	59.61%	54.30%	48.39%
Total Compliance Score	N/A	80.00	97.50	100.00
Improvement: While the rates for both measures – Antidepressant Medication Management Acute and Continuation Phases declined between the interim (new baseline) and final, they were both still above the NCQA national Medicaid 90th percentile benchmarks, thus exceeding the performance goal.				

[1] Not applicable; continuous enrollment criteria for HEDIS measurement could not be met for MY 2013 due to the plan's start date of January 1, 2013.
MY: measurement year; N/A: not applicable.

Table 37: Humana-CareSource Statewide Collaborative PIP – Safe and Judicious Antipsychotic Use in Children and Adolescents

Goals and Interventions
PIP Period 2015–2017 Interim Report
Goals
Humana-CareSource will improve the safe and judicious use of antipsychotics for its child and adolescent members by implementing combined provider-targeted, member-targeted, and health plan interventions.
Key Interventions
Provider Interventions: · Distribute quarterly performance profile reports to prescribers. · Implement prior authorization edits for prescribed higher-than-recommended doses of antipsychotics and multiple concurrent antipsychotics. · Develop web-based notification for higher-than-recommended doses of antipsychotics and use of multiple concurrent antipsychotics. · Distribute a prescriber guideline sheet for antipsychotic use in children and adolescents. · Deliver an educational webinar and posted it on the provider portal. · Develop a system to send letters with practice recommendations to prescribers within 30 days of when a new antipsychotic is dispensed. Member Interventions: · Conduct outreach to children and adolescents on antipsychotics who have not received first line psychosocial care. · Facilitate follow-up appointments for children and adolescents on antipsychotics. · Identify children and adolescents with new antipsychotic prescriptions that lack metabolic screening and/or monitoring. · Send letters to parents/guardians on the importance of follow-up visits and metabolic screening for children and adolescents on antipsychotics. · Evaluate children and adolescents on antipsychotics for enrollment in case management. Health Plan Interventions: · Utilize monthly State Report #106 to identify the volume of youth/children on antipsychotics.

Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
Use of Higher-than-Recommended Doses of Antipsychotics in Children/Adolescents[1]	3.9%	4.0%	TBD	3.51%[1]
Use of Multiple Concurrent Antipsychotics in Children/Adolescents (APC)[1]	0.0%	63.1%	TBD	0.0%[1]
Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics (APP)	60.7%	65.1%	TBD	75.9%
Follow-Up Visit for Children/Adolescents on Antipsychotics	53.7%	75.5%	TBD	59.1%
Metabolic Screening for Children/Adolescents Newly on Antipsychotics	7.0%	10.2%	TBD	8.75%
Metabolic Monitoring for Children/Adolescents on two or more Antipsychotics (APM)	40.3%	27.1%	TBD	50.34%
Preliminary Compliance Score	N/A	59.50	TBD	100.00
Improvement: Rates improved from baseline to interim for Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics; Follow-up Visit for Children/Adolescents on Antipsychotics and Metabolic Screening for Children/Adolescents Newly on Antipsychotics. The interim rates for Follow-up Visit and Metabolic Screening exceeded the target rates for these indicators.				

[1] A lower rate is better.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 38: Humana-CareSource PIP – Increasing Postpartum Care Visits

Goals and Interventions
PIP Period 2015–2017 Interim Report
Goals
Humana-CareSource aims to ensure that women receive postpartum services to assess and follow-up on any identified needs for mother and baby.
Key Interventions
Provider Interventions: · Publish annual provider newsletter articles on postpartum care topics. · Explore producing a provider webinar or continuing education program on preconception and interconception care. · Explore implementation of a provider pay-for-performance program for postpartum measure(s). · Explore conducting a prenatal and postpartum clinical practice guideline (CPG) audit and use the results of the audit to drive additional interventions. Member Interventions: · Produce a twice-annual member newsletter article on prenatal and postpartum care. · Employ an obstetric case manager to work with high-risk pregnant members and oversee postpartum visit outreach for all pregnant members. · Modify the *Babies First* program to address this PIP topic. · Initiate routine mailings at key intervals during pregnancy and postpartum. · Develop member education materials specific to preconception and interconception care. · Develop targeted education materials for pregnant adolescent members. · Conduct telephonic outreach to members for postpartum education and visit reminders and assisted with scheduling and transportation (if needed). · Mail postpartum visit reminder postcards/letters to members. Health Plan Interventions: · Hire a case manager (CM) with obstetrical (ob) experience to work with high risk pregnant members and oversee the outreach to postpartum members. · Consider using results of postpartum CPG audit to drive additional interventions with providers either individually or collectively.

Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Postpartum Care Visits	51.58%	55.47%	TBD	56.58%
Readmission Rate[1] within 60 days after Delivery with Postpartum Visit	30.0%	44.4%	TBD	P<.05[2]
Not Readmitted within 60 days after Delivery with Postpartum Visit	37.2%	38.8%	TBD	P<.05[2]
Readmission Rates[1] With Timely Postpartum Visits	1.9%	0.8%	TBD	P<.05[3]
Readmission Rates[1] Without Timely Postpartum Visits	2.6%	0.7%	TBD	P<.05[3]
Family Planning Screening during Postpartum Visit	100.0%	100.0%	TBD	TBD
Depression Screening during Postpartum Visit	77%	79%	TBD	TBD
Preliminary Compliance Score	N/A	62.02	TBD	100.00
Improvement: The rate of postpartum visits increased from baseline to interim, but did not meet or exceed the goal of a 5 percentage point increase by MY 2016. Based on two years of data, there was no significant impact on readmission rates with postpartum visits (compared to no postpartum visit) or with timely postpartum visits (compared to not timely visits). 100% of the members with a postpartum visit were screened for family planning in both baseline and interim years. The rate of depression screening increased from baseline to interim measurement.				

[1] A lower rate is better.

[2] Performance goal = a significant impact of Postpartum visit on readmission rate within 60 days at $P < 05$.

[3] Performance goal = a significant impact of timely Postpartum visit on readmission rate within 60 days at $P < 05$.
MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 39: Humana-CareSource Statewide Collaborative PIP –Coordinated Care Management in the Seriously Mentally Ill Population

Goals and Interventions
PIP Period 2016–2018 Baseline Report
Goals
Humana-CareSource will improve preventive care services among Humana-CareSource members ages 18–64 years with SMI to increase (a) access to primary care and (b) provision of screening services related to metabolic syndrome/cardiovascular risk by implementing provider-targeted, member-targeted, and health plan care coordination interventions.
Key Interventions
Provider Interventions : · Educate providers via written materials, webinar or portal. · Inform providers of targeted members with needed tests via portal. · Provider incentives. Member Interventions: · Educate members via portal/mail. · Contact members by phone to schedule appointments, assist with transportation arrangements and follow-up after appointments to assist with any follow-up care needs. · Provide individualized case management when indicated. Health Plan Interventions: · Generate member profile reports to indicate compliance status with screenings for pilot group. · Forward profile reports to Case Management for outreach and case management. · Forward to profile reports to the BH care coordination/case management team for case management. · Provide list of the targeted members with needed tests to providers via portal. · Consider adding interventions to improve communication between PH and BH providers regarding recent completed physical health screenings, need for physical health screenings and any significant change in health status.

Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal[1]
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)	80.9%	TBD	TBD	88.2%
Access to Preventive/Ambulatory Health Services for People with SMI	98.7%	TBD	TBD	100%
Cholesterol Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications	44.0%	TBD	TBD	52.0%
BMI Screening for People with SMI	69.1%	TBD	TBD	78.4%
Blood Pressure Assessment for People with SMI	74.7%	TBD	TBD	83.8%
Tobacco Screening for People with SMI	65.7%	TBD	TBD	75.2%
Tobacco Counseling for Tobacco Positive People with SMI	54.9%	TBD	TBD	66.8%
Tobacco Medication for Tobacco Counseled People with SMI	14.9%	TBD	TBD	TBD
Pending Compliance Score	N/A	TBD	TBD	100.0
Improvement: To be determined with interim and final results.				

[1] Goal is IPRO-suggested minimum improvement.

SMI: serious mental illness; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 40: Humana-CareSource PIP – HbA1c Control with Combined Interventions

Goals and Interventions				
PIP Period 2016–2018 Baseline Report				
Goals				
Humana-CareSource will improve the processes of diabetes care to decrease the number of members with an A1c > 9 by implementing combined provider-targeted, member-targeted, and health plan care coordination interventions.				
Key Interventions				
Provider Interventions: · Provider education via written materials, webinars, portal. · Provider profile reports distributed containing individual HEDIS scores, overall HEDIS results, and national benchmarks. · Member profiles distributed to providers with lists of diabetic members noncompliant with HbA1c testing and HbA1c >9. Member Interventions: · Member education via Member Portal and/or mailing. · Case Management/Certified Diabetes Educators to conduct telephonic outreach high-risk members (HbA1c >9) and members referred by Care Coordination. Health Plan Interventions: · Outreach staff to contact members to assist with scheduling appointments, arranging transportation. · Outreach staff also to contact providers to alert them of members' upcoming appointments to discuss HbA1c tests. · Refer members to Case Management/Diabetic Educator for individualized education/follow-up. · Confirm HbA1c is <9 through claims/member/provider. If HbA1c >9, assist with follow-up care.				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
HEDIS HbA1c Testing	87.30%	TBD	TBD	90.30%
HEDIS Poor Control (HbA1c>9)[1]	61.71%	TBD	TBD	54.71%
Pending Compliance Score	N/A	TBD	TBD	100.0
Improvement: To be determined with interim and final results.				

[1] A lower rate is better.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 41: Humana-CareSource PIP – Improving Well-Child Visits in the First Six Years of Life

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
Humana-CareSource will improve the percentage of members age 0–6 receiving recommended well-child visits by implementing combined caregiver-, provider- and health plan-targeted interventions.
Key Interventions
Provider Interventions: · Educate providers via the provider portal, mailings and webinars. · Develop and distribute list of noncompliant members to providers. Member Interventions: · Conduct targeted Care Coordination telephonic outreach to caregivers to educate on importance of well-child visits and provide assistance with obtaining a PCP, scheduling appointments, transportation, referral to CM (if needed). · Conduct targeted Caregiver Education regarding recommended well-visits via written materials, mailings, the Member Portal, community events. Health Plan Interventions:[1] · Perform statistical analysis to identify demographic risk factors for non-receipt of recommended well-child visits. · Evaluate the effectiveness of the current incentive program to explore improvement opportunities. · Conduct phenomenological research to obtain and analyze input from caregivers, providers, and staff to identify barriers and implement interventions.

[1] These interventions are methods for conducting barrier analyses rather than PIP interventions, and the PIP Proposal should be revised by moving these items into the barrier analysis section and adding health plan interventions designed to address barriers that the plan identifies based upon the barrier analyses.
PCP: primary care provider; CM; care management.

Table 42: Humana-CareSource Statewide Collaborative PIP – Effectiveness of Prenatal Smoking Cessation Intervention

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
Humana-CareSource will implement a robust set of member, provider and community/health plan interventions to increase the rate of prenatal screenings for tobacco use and prenatal smoking abstinence.
Key Interventions
Provider Interventions : · Educate providers to promote current standards of smoking cessation for pregnant members via resources provided via the provider portal, network notification, and newsletters. · Highlight the use of the Pregnancy Risk Assessment Form. Member Interventions: · Enhance current high-risk care management program to meet the education, outreach, and follow-up needs of members. · Tailor care coordination and care management for susceptible populations. Health Plan Interventions: · Enhance Care Coordination process to outreach and engage members. · Strengthen collaboration with the community and the Kentucky Quit Line.

Table 43: Passport Health Plan PIP – Psychotropic Drug Intervention Program for SSRIs and SNRIs

Goals and Interventions				
PIP Period 2014–2016 Final Report				
Goals				
The Psychotropic Drug Intervention Program (PDIP) goals are to improve psychotropic medication adherence, decrease suboptimal dosing, and decrease poly-pharmacy for members diagnosed with depression and anxiety disorders. The program will focus on the drug classes of Selective serotonin reuptake inhibitors (SSRIs) and serotonin/norepinephrine reuptake inhibitors (SNRIs).				
Key Interventions				
Provider Interventions: · Initiated an on-call psychiatrist phone line to assist non-behavioral health providers with medications and dosing. · Conducted provider outreach and education on medication adherence, polypharmacy, and suboptimal dosing. · Created and used physician profiles for on-site education about appropriate SSRI/SNRI use. Member Interventions: · Sent educational mailings about medication adherence to identified members. · Used member newsletter and on-hold SoundCare messages to educate members on how to take medications safely. · Educated members not to discontinue psychotropic medications without speaking with their doctor. · Conducted member education during inpatient discharge planning and performed follow-up after discharge. · Developed a member outreach program for members newly prescribed antidepressant medications Health Plan Interventions: · Educated all Quality Committees about the program and resources.				
Results				
Indicator	Baseline Rate MY 2013	Interim Rate MY 2014	Final Rate MY 2015	Goal
HEDIS Antidepressant Medication Management: Acute	58.82%	62.67%	58.00%	66.05%
HEDIS Antidepressant Medication Management: Continuation	42.45%	46.83%	42.56%	51.26%
Non-adherence SSRI[1]	78.65%	83.29%	81.21%	77.67%
Non-adherence SNRI[1]	9.47%	1.08%	12.62%	10.89%
Poly-Pharmacy: Single Class SSRI[1]	1.75%	6.86%	9.88%	1.62%
Poly-Pharmacy: Multi-Class 2[1]	44.54%	48.57%	43.69%	40.05%
Poly-Pharmacy: Multi-Class 3[1]	38.43%	30.47%	37.93%	34.56%
Total Compliance Score	N/A	76.0	91.0	100.0
Improvement: HEDIS Antidepressant Medication Management rates did not improve for acute phase and only marginally improved for the continuation phase, and neither met the improvement goal rate. Non-adherence for SSRIs, SNRIs and Poly-Pharmacy Single class SSRI increased from baseline to final, while Poly-Pharmacy: Multi-class 2 and 3 only decreased slightly from baseline to final remeasurement. None of the goals for this study were met.				

[1] A lower rate is better.

MY: measurement year; N/A: not applicable.

Table 44: Passport Health Plan PIP – You Can Control Your Asthma!

Goals and Interventions
PIP Period 2015–2017 Interim Report
Goals
Passport Health Plan aims to improve the care of our members with persistent asthma through an integrated approach – the coordination of primary care, specialist and pharmacological services. Integrated care provides the best outcomes and is the most effective approach to caring for our members with persistent asthma. The project includes goals to improve medication compliance for recommended management of persistent asthma. Management will be evaluated through monitoring of asthma controller/anti-inflammatory and emergency/bronchodilator medication compliance.
Key Interventions
Provider Interventions: · Develop provider education tools on management of persistent asthma. · Conduct one-on-one provider education on asthma guidelines and provided tools to educate office staff. · Create a standardized asthma action plan. · Initiate provider outreach to engage in development of the asthma action plan. · Conduct telephone outreach to providers of members identified as high-risk for asthma action plan use and coordination of care. · Collaborate with 2 provider offices with a high-volume of members with asthma and embedded a case manager to focus on asthma education. · Develop and distribute letters to providers with a list members enrolled in disease management and a copy of their plan of care. · Collaborate with the Department of Health to conduct home environmental assessments for high-risk asthma members. · Explore use of an interdisciplinary advisory group to assist with program review, intervention, and implementation. · Mail letters to treating PCPs/specialists to notify the providers that the MCO is unable to contact at-risk members and request assistance locating the member. · Send an e-News issue entitled '*My Asthma Action Plan, Encourage Self- Management'* to providers. · Send an e-News issue entitled *'Basketball Event Raises Asthma Awareness'* to providers. · Propose incorporating components of asthma care to the Provider Recognition Program. · Establish a provider workgroup of asthma specialists to obtain feedback on local and regional practice standards. Member Interventions: · Develop asthma assessment tools for children ages 2–4 years and 5 years and above to identify member-specific asthma management issues. · Develop and test a tool to identify members with persistent asthma. · Conduct outreach to engage members in developing an asthma action plan. · Monitor members' ER utilization and readmission reports and medication compliance and conducted telephone follow up. · Develop and distribute targeted education for identified members and ensured proper discharge education. · Create a member mailing with the Asthma Action Plan and Instructions. · Initiate outreach calls to members identified as high-risk to enroll them in the asthma disease management program. · Enroll high-risk members in one-on-one care coordination program with a Chronic Respiratory Disease Manager. · Distribute new member packets and assessment forms to members newly diagnosed with asthma. · Investigate telemonitoring for members with persistent asthma and an active asthma action plan. · Coordinate with Passport Health Plan's ER navigators and case managers for member follow up/ coordination of care. · Coordinate efforts with the Community Outreach Department and participate in community events. · Utilize the Rapid Response Outreach Team (RROT) to assist members with urgent asthma needs. · Work with the Pharmacy and Disease Management departments to develop an outreach process for members who are 30 days behind on controller medication refills. Identify and outreach members in need of controller medication

Goals and Interventions
PIP Period 2015–2017 Interim Report
refills. · Investigate collaborating with the Mommy Steps Program to identify and intervene with pregnant members. · Propose development of a member incentive program for asthma. Health Plan Interventions: · Develop and test a tool to identify members with persistent asthma members who have a probability of ER/IP/ICU utilization. · Develop, initiate and revise an asthma action plan to be more user-friendly for members, providers, and staff. · Create a Child & Adolescent Committee subcommittee to increase communication between ER/hospitals and providers and to increase asthma discharge education. · Collaborate with the Pharmacy and Disease Management departments to explore ways to increase member access to medications by decreasing or eliminating co-pays and initiating 90-day supply and mail order.

Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Medication Management for People with Asthma (MMA) – 75% Compliance – all ages	36.67%	34.48%	TBD	43.08%
HEDIS Asthma Medication Ratio (AMR) – all ages	71.77%	74.53%	TBD	76.23%
Medication Therapy for Persons with Asthma – Suboptimal Control – all ages[1]	4.68%	23.08%	TBD	3.98%
Mediation Therapy for Persons with Asthma – Absence of Controller Therapy – all ages[1]	1.52%	7.45%	TBD	1.29%
Preliminary Compliance Score	N/A	50.0	TBD	100.0
Improvement : The MCO was not able to report MY 2013 rates for many of the indicators and requested that the baseline measurement be repeated in MY 2014. DMS consented. Therefore, MY 2014 was reported as the baseline measurement and an interim measurement was not reported in September 2015. The AMR rate showed some improvement from baseline to interim but did not reach the target rate. The therapy indicators are not improving and need to be addressed prior to final report.				

[1] A lower rate is better.

ER: emergency room; IP: inpatient; ICU: intensive care unit; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 45: Passport Health Plan Statewide Collaborative PIP – Antipsychotic Monitoring for Children and Adolescents

Goals and Interventions
PIP Period 2015–2017 Interim Report
Goals
With a multidisciplinary strategy targeting appropriate prescribing and effective management of antipsychotics in children and adolescents, Passport Health Plan seeks to: · Decrease the use of higher-than-recommended doses of antipsychotics, · Decrease the use of multiple concurrent antipsychotics, · Increase the use of first-line psychosocial care for children and adolescents on antipsychotics, · Increase the percentage of follow-up visits for children and adolescents on antipsychotics, · Increase metabolic screening for children and adolescents newly on antipsychotics, and · Increase metabolic monitoring for children and adolescents on antipsychotics.
Key Interventions
Provider Interventions: · Adopt clinical practice guidelines for prescribing and monitoring antipsychotics for children and adolescents and distribute via website, email, and mail. · Develop and distribute a Provider Pocket Guide with American Academy of Child and Adolescent Psychiatry (AACAP) guidelines for use of antipsychotics. · Develop provider resources and tools – e.g., Electronic Medical Record (EMR) charting tools, pocket guides, lunch and learn. · Conduct a provider survey to determine perceived barriers to using 1-800-psychiatrist hotline and develop interventions to increase hotline use. Member Interventions: · Develop member/caregiver education materials on antipsychotic medications, side effects, symptoms to report, long term monitoring, alternative treatment options, misconceptions, and risks. · Elicit feedback from the member committee regarding education materials for members. · Initiate telephone and mail outreach to educate members/caregivers on antipsychotic medications. · Conduct telephone outreach to members/caregivers who experience difficulty accessing psychiatric care. · Conduct outreach to members/caregivers in the foster system that experience difficulty locating psychiatric care. Use community resources and collaborate with the Foster Care Liaison and DCBS to address issues. · Use available community resources to mitigate member/caregiver transportation issues. · Engage behavioral health case managers to address fear and stigma with members/caregivers. · Work with school-based liaisons to develop collaboration on treatment plans for members receiving behavioral health care in school settings. Health Plan Interventions: · Collaborate with Bingham Child Guidance Center to use tele-health in rural areas. · Collaborate with Bingham Clinic for pilot project placing psychiatrist or fellow at rural pediatrician practices to integrate mental health and primary care services. · Use proposed behavioral health liaison to educate providers and determine provider needs. · Conduct a provider focus group to determine providers' needs regarding prescribing and monitoring antipsychotics for children and adolescents. · Monitor pharmacy data to identify members prescribed multiple, concurrent and/or higher-than-recommended doses and educate the prescribers. · Monitor treatment plans to assess compliance with practice guidelines. · Monitor claims for therapy services and laboratory claims to identify if members are receiving psychosocial therapy and metabolic screenings.

Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Metabolic Monitoring for Children/Adolescents on Antipsychotics[1]	34.93%	21.87%	TBD	19.80%
Use of Concurrent Antipsychotics in Children and Adolescents[1]	1.31%	1.05%	TBD	0.00%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	71.61%	69.58%	TBD	76.64%
Follow-up Visits for Children and Adolescents Newly on Antipsychotics	56.82%	62.77%	TBD	60.36%
Metabolic Screening for Children and Adolescents Newly on Antipsychotics	7.60%	10.46%	TBD	7.74%
Use of Higher-Than-Recommended Dosages of Antipsychotics in Children and Adolescents[1]	4.25%	3.36%	TBD	4.70%
Preliminary Compliance Score	N/A	30.0	TBD	100.0
Improvement: Data from calendar year (CY) 2015 will be used to establish a baseline upon which Passport Health Plan will develop target rates and goals. For Metabolic Monitoring, Use of Concurrent Antipsychotics and Use of Higher-Than-Recommended Dosages of Antipsychotics, a lower rate was achieved by the interim measurement, but none were as low as the targeted goal. Positive improvement was also evident for Follow-up Visits and Metabolic Screening for children/adolescents newly on antipsychotics and both measures exceeded the targeted goal.				

[1] A lower rate is better.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 46: Passport Health Plan PIP – Reducing Readmission Rates of Postpartum Members

Goals and Interventions				
PIP Period 2015–2017 Interim Report				
Goals				
Passport Health Plan aims to reduce post-delivery readmissions to the hospital within 30 days of hospital discharge, as well as increase the rates of postpartum evaluation between 21–56 days of live birth.				
Key Interventions				
Provider Interventions: · Establish a mechanism for provider performance feedback. · Distribute obstetrics provider/group performance reports, including timely postpartum visit. · Work with high-volume delivery facilities to obtain notification of deliveries prior to discharge. · Consider authorization requirement for deliveries to facilities that do not notify the plan of member deliveries prior to discharge. · Investigate the feasibility of collaborating with facilities to schedule the postpartum visit as part of the routine discharge process. Member Interventions: · Rework the case management procedure to include targeting high-risk/complex/C-section deliveries for inpatient contact attempts and outreach within 4 days of discharge. · Explore availability of case managers to assist members with postpartum self-care, monitoring, and appointments. · Create On-hold SoundCare messages on the importance of postpartum visits. · Implement a member incentive for attending a timely postpartum visit. Health Plan Interventions: · Recruit a full-time ob/gyn medical director. · Develop a report to summarize postpartum re-admissions for root-cause analysis. · Track members receiving intervention for re-admission rates and postpartum visits. · Conduct a retrospective chart review for members with re-admissions.				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
Postpartum Readmissions (within 30 days of discharge)	1.41%	1.50%	TBD	1.37%
HEDIS Postpartum Care	68.67%	66.29%	TBD	74.03%
Preliminary Compliance Score	N/A	59.25	TBD	100.0
Improvement: Interpretations of improvement are not applicable at this time, as the data is incomplete; however, the robust case management interventions indicate that, if improvement is shown it could be attributed to this intervention. Therefore, the plan is strongly encouraged to report process measure/intervention tracking measure data, as well as all performance improvement data, in the Final PIP Report. The plan should utilize quarterly process/intervention tracking measure data to interpret the success of/barriers to interventions over time, and modify interventions as needed.				

MY: measurement year; ob/gyn: obstetrics/gynecology; TBD: to be determined; N/A: not applicable.

Table 47: Passport Health Plan Statewide Collaborative PIP – Integrated Healthcare: The Collaboration of Behavioral Health and Primary Care

Goals and Interventions				
PIP Period 2016–2018 Baseline Report				
Goals				
Passport Health Plan aims to improve the primary care services for our members with SMI through improved care coordination and integrated care approaches between primary care and behavioral health providers. Such care approach can improve health outcomes and provide more cost effective care for members with SMI.				
Key Interventions				
Provider Interventions: · Identify providers in need of best practices and tools to assist them in completing the screenings. · Distribute a preventive health profile report to providers with a high volume of members with SMI. · Outreach to primary BH network provider. · Distribute tobacco cessation billing code information developed for BH providers. · Utilize our embedded case managers at residence provider location of targeted members. Member Interventions: · Conduct targeted member outreach customized for preventive screening gaps. Health Plan Interventions: · Utilize embedded case managers at residence provider location of targeted members to set up appointments and provide follow-up to ensure care gap closure.				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Access to Preventive/Ambulatory Health Services for Adults with Schizophrenia or Bipolar Disorder	97.5%	TBD	TBD	97.5%
Body Mass Index Screening for People with Schizophrenia or Bipolar Disorder	22.3%	TBD	TBD	32.3%
Blood Pressure Assessment for People with Schizophrenia or Bipolar Disorder	4.9%	TBD	TBD	14.9%
Cholesterol Screening for People with Schizophrenia or Bipolar Disorder Who are Prescribed Antipsychotic Medications	51.8%	TBD	TBD	61.8%
Tobacco Use Screening for People with Schizophrenia or Bipolar Disorder	31.9%	TBD	TBD	41.9%
Current Tobacco Users	31.1%	TBD	TBD	41.1%
Current Tobacco Users who Received a Tobacco Cessation Intervention	25.8%	TBD	TBD	35.8%
Current Tobacco Users who were Prescribed Tobacco Cessation Medication	39.4%	TBD	TBD	49.4%
Pending Compliance Score	N/A	TBD	TBD	100.0
Improvement: To be determined with interim and final results.				

SMI: serious mental illness; BH: behavioral health; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 48: Passport Health Plan PIP – Promoting Healthy Smiles through Increased Utilization of Preventative Dental Care

Goals and Interventions
PIP Period 2016–2018 Baseline Report
Goals
Prevention is key to a bright and healthy smile for a lifetime. Passport Health Plan's mission is to improve the health and quality of life for our members. This project aims to: · Increase the number of members that take advantage of preventive dental services available through the plan. · Reduce the incidence of non-traumatic dental ED visits (NTDVs).
Key Interventions
Provider Interventions: · Conduct Provider education · Adopt Oral Health Clinical Practice guidelines for physical health and dental providers · Identify/adopt a dental caries assessment to be utilized by physical health providers · Conduct fluoride varnish training for pediatricians · Provide best practice resources to reduce missed appointments Member Interventions: · Conduct monthly outreach to members who have not been to the dentist in the previous 12 months · Educate adult members on the enhanced dental benefit for a dental visit every 6 months · Educate members/caregivers on early childhood caries · Targeted mailings to newly identified pregnant members · Develop and distribute member incentives for dental care Health Plan Interventions: · Develop and implement outreach strategy with dental network providers for implementation of mobile dental van at target school health centers

Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Fluoride Services for Children 0–20 years applied by a Dental Provider – at least once	49.0%	TBD	TBD	59.0%
Fluoride Services for Children 0–20 years applied by a Dental Provider – two or more times	17.6%	TBD	TBD	27.6%
Fluoride Services for Children 0–20 years applied by a PCP – at least once	2.3%	TBD	TBD	80.0%
Fluoride Services for Children 0–20 years applied by a PCP – two or more times	0.4%	TBD	TBD	50.0%
Sealants for Children ages 6–9	17.5%	TBD	TBD	27.5%
HEDIS Annual Dental Visit for Children ages 2–20 (ADV)	42.2%	TBD	TBD	66.8%
Preventive Services for Adults over the age of 20	13.5%	TBD	TBD	14.8%
Non-traumatic Dental ED Visits for Adults over the age of 20[1]	2.0%	TBD	TBD	1.9%
Pending Compliance Score	N/A	TBD	TBD	100.0
Improvement: To be determined with interim and final results.				

[1] A lower rate is better.

ED: emergency department; PCP: primary care provider; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 49: Passport Health Plan Statewide Collaborative PIP – Prenatal Smoking

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
Passport Health Plan identified two aims for this study: · Implement a robust set of member, provider, community and plan interventions to improve prenatal screening for tobacco use and interventions for tobacco use rates. · Increase the prenatal smoking abstinence rate.
Key Interventions
Provider Interventions: · Educate providers on the ACOG's 5 A's and the plan's cessation benefits. · Educate providers to provide scripts at the time of counseling. Member Interventions: · Tailor care coordination/care management to susceptible populations indicated by risk factors. · Member incentives for prenatal care and smoking Quit Line engagement. · Upon admission for delivery, initiate cessation interventions. Health Plan Interventions: · Develop high-risk obstetric care management program targeting the smoking population for education, outreach, and follow-up. · Develop and implement a Notice of Pregnancy form for providers to notify the plan of prenatal smokers. · Use HRA information to develop new methods of outreach and engagement of members in smoking cessation programs. · Develop a plan smoker registry. · Work with the Kentucky Quit Line to track members who contact the Quit Line.

Table 50: Passport Health Plan PIP – EPSDT Screening and Participation

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
Passport Health Plan aims to improve the EPSDT Screening and Participation Rates by implementing targeted Plan, provider, and member interventions over a period of three years. The initial focus will be on target areas outside of region 3 and select zip codes in Jefferson County for ages 6–14 years old. Expanding interventions to ages 15–20 will be evaluated following the Plan, Do, Study, Act (PDSA) cycle on the targeted 6–14 age group.
Key Interventions
Provider Interventions: · Distribute "best practices" tip sheet for prevention and management of "no shows." · Develop EPSDT care gap reports for high volume PCP groups in regions 1, 7 and 8. · Expand development and distribution of EPSDT care gap reports to all providers. Member Interventions: · Expand member incentives to children aged 6 and 7 years. · Target telephonic and home visit outreach to age groups and regions with lower participation rates. · Provide TARC transportation vouchers to members scheduled for well care services. Health Plan Interventions: · Create "best practices" tip sheet for prevention and management of "no shows." · Enhance care management transportation services knowledge and utilization. · Improve member demographic data integrity to facilitate timely scheduling of member screenings.

EPSDT: Early and Periodic Screening, Diagnostic and Treatment.

Table 51: WellCare of Kentucky PIP – Management of Chronic Obstructive Pulmonary Disease

Goals and Interventions				
PIP Period 2014–2016 Final Report				
Goals				
Through robust interventions WellCare of Kentucky sought to improve care for members with a new diagnosis of COPD by: · Increasing the proportion of members who receive Spirometry testing to confirm diagnosis. · Increasing the proportion of members who receive a systemic corticosteroid medication within 14 days of hospitalization/ED visit for COPD. · Increasing the proportion of members who receive a bronchodilator within 30 days of hospitalization/ED visit for COPD.				
Key Interventions				
Provider Interventions: · Established an interdisciplinary workgroup to address improving care for members with COPD. · Provided information on appropriate diagnosis and treatment for COPD via monthly mailings to targeted facilities. · Distributed information on appropriate diagnosis and treatment for COPD via monthly mailings to targeted providers. · Generated monthly reports to identify members with a new diagnosis of COPD and no evidence of Spirometry testing and/or who were not prescribed appropriate medications. Member Interventions: · Conducted case management outreach to ensure appropriate discharge plans for members hospitalized for COPD · Conducted case management outreach to members within one day of discharge · Generated monthly lists to identify members with a new diagnosis of COPD and no evidence of Spirometry testing and mailed information about the importance of Spirometry testing. Health Plan Interventions: · Designated UM nurses for telephonic consultation to all facilities.				
Results				
Indicator	Baseline Rate MY 2013	Interim Rate MY 2014	Final Rate MY 2015	Goal
HEDIS Pharmacotherapy Management of COPD (PCE): Systemic Corticosteroids	37.13%	65.07%	68.99%	69.01%
HEDIS Pharmacotherapy Management of COPD (PCE): Bronchodilators	47.05%	79.61%	82.82%	83.43%
HEDIS Spirometry Testing (SPR)	N/A	23.27%	30.49%	30.77%
7-Day Readmission Rate for Members with Primary Diagnosis of COPD	4.57%	5.68%	5.72%	2.29%
30-Day Readmission Rate for Members with Primary Diagnosis of COPD	18.12%	23.19%	20.44%	9.06%
Total Compliance Score	N/A	80.0	97.50	100.0
Improvement: Medication prescription rates for systemic corticosteroids and bronchodilators for hospitalized members with COPD improved between baseline and final remeasurement but readmission rates did not. The HEDIS Spirometry Testing measure increased between interim and final measurement. Final rates for the three HEDIS measures were very close to meeting their performance goals. The plan identified lack of PCP follow-up as a barrier and noted that Case Management outreach was relatively low.				

COPD: chronic obstructive pulmonary disease: MY: measurement year; N/A: not applicable.

Table 52: WellCare of Kentucky PIP – Follow-up After Hospitalization for Mental Illness

Goals and Interventions				
PIP Period 2014–2016 Final Report				
Goals				
By implementing robust interventions, WellCare of Kentucky sought to improve follow-up care for members after hospitalization for mental illness within 7 days and 30 days of discharge.				
Key Interventions				
Provider Interventions: · Established an interdisciplinary workgroup to analyze barriers to discharge planning and access to care. · Mailed quarterly letters to hospital administrators with facilities' HEDIS Follow-up After Hospitalization for Mental Illness performance and a list of members lacking 7-day follow-up. · Conducted medical record audits for all high volume inpatient facilities. · Developed clinical transition of care/discharge planning guidelines. Member Interventions: · Conducted case management outreach to follow-up on after-care appointments within one day of discharge. Health Plan Interventions: · Designated a UM coordinator to aid timely communication between the facilities and the UM department and expedite member referrals to behavioral health case management for timely outreach after discharge.				
Results				
Indicator	Baseline Rate MY 2013	Interim Rate MY 2014	Final Rate MY 2015	Goal
HEDIS Follow Up After Hospitalization for Mental Illness 30 Days	61.79%	57.18%	58.78%	NCQA[1] 50th
HEDIS Follow Up After Hospitalization for Mental Illness 7 Days	36.07%	33.82%	35.12%	NCQA 50th
7-Day Readmission Rate for Members with Primary Diagnosis of Mental Illness	5.97%	5.38%	6.71%	2.99%
30-Day Readmission Rate for Members with Primary Diagnosis of Mental Illness	16.60%	16.32%	14.72%	8.03%
Total Compliance Score	N/A	74.0	89.0	100.0
Improvement: Between baseline and final remeasurement, the 30-day and 7-day FUH rate decreased. During the study period, the 7-day readmission rate for members with a primary diagnosis of mental illness also increased while the 30-day readmission rate declined. Neither of the final readmission rates met the performance target rates.				

[1] HEDIS 2016 national Medicaid Quality Compass.

FUH: Follow-up After Hospitalization for Mental Illness; UM: utilization management; MY: measurement year; N/A: not applicable.

Table 53: WellCare of Kentucky Statewide Collaborative PIP – Use of Antipsychotics in Children and Adolescents

Goals and Interventions
PIP Period 2015–2017 Interim Report
Goals
Through provider, member and plan interventions, WellCare seeks to achieve the following performance improvement: · Decreased proportion of children and adolescents on antipsychotic medications who receive higher-than-recommended doses. · Decreased percentage of children and adolescents who are prescribed two or more antipsychotic medications. · Increased percentage of children and adolescents with a new prescription for an antipsychotic medication who have first-line psychosocial care. · Increased percentage of children and adolescents with a new prescription for an antipsychotic medication who have one or more follow-up visits. · Increased percentage of children and adolescents with a new prescription for an antipsychotic medication who have baseline metabolic screening. · Increased percentage of children and adolescents with a new prescription for an antipsychotic medication who have metabolic monitoring.
Key Interventions
Provider Interventions: · Post practice parameters for the use of Atypical Antipsychotics in Children and Adolescents from the American Academy of Child and Adolescent Psychiatry (AACAP)on the provider website. · Develop a comprehensive "Assessment, Screening and Monitoring Tool" based on AACAP practice parameters and post on the provider website. · Send monthly informational/educational mailings targeting general practitioners and pediatricians. · Assess access to psychiatrists in Kentucky as a barrier and if necessary and feasible, provide resources on psychiatric care to general practitioners and pediatricians. · Evaluate other venues for provider education, such as an educational conference/summit on best practices. Member Interventions: · Publish a member newsletter article for members/caregivers about care for children with behavioral conditions issues. · Send targeted educational mailings care for children taking antipsychotic medications to members newly prescribed an antipsychotic medication. · Assess access to psychiatrists in Kentucky as a barrier and if necessary and feasible, provide resources on psychiatric care to general practitioners and pediatricians. Health Plan Interventions: · Collect and review data on prescribing practices for antipsychotics for members ages 0–17 years, including provider type(s)/specialties, monitoring outliers (e.g., children ≤ age 5) and develop associated interventions. · Refer outliers to the Quality of Care (QOC) Department for further review by the QOC nurse and the behavioral health medical director, as necessary.

Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)[1]	1.31%	1.62%	TBD	1.30%
HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	65.33%	61.67%	TBD	70.00%
HEDIS Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	24.98%	23.89%	TBD	27.50%
Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents[1]	22.79%	24.60%	TBD	7.90%

Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
Follow-up Visit for Children and Adolescents on Antipsychotics	78.28%	71.78%	TBD	82.00%
Metabolic Screening for Children and Adolescents Newly on Antipsychotics[1]	7.86%	6.41%	TBD	6.00%
Preliminary Compliance Score	N/A	57.25	TBD	100.0
Improvement: No significant improvement shown at this point.				

[1] A lower rate is better.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 54: WellCare of Kentucky PIP – Postpartum Care

Goals and Interventions				
PIP Period 2015–2017 Interim Report				
Goals				
WellCare of Kentucky aims to increase the percentage of deliveries that had a postpartum visit between 21 and 56 days after delivery, as well as increase the percentage of women who had a depression screening during the postpartum visit. Additionally, WellCare of Kentucky aims to decrease 30-day and 60-day readmission rates for women post-delivery.				
Key Interventions				
Provider Interventions: · Add additional QI HEDIS Advisors to educate/coach providers on guidelines. · Publish a provider newsletter article on tips for documenting postpartum visits. · Post the Edinburgh Postnatal Depression Scale on the provider website. · Conduct targeted education for providers who do not complete postpartum screening for depression. Member Interventions: · Use vendor, Alere, to implement a comprehensive perinatal program for pregnant members; · Conduct member outreach post-delivery with reminders about postpartum visits and well-child visits and to assist with appointment scheduling; and · Publish information on the importance of postpartum visits in the member newsletter.				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Postpartum Care	51.41%	49.88%	TBD	TBD[1]
Healthy Kentuckians Postpartum Depression Screening	36.81%	56.74%	TBD	55.22%
30-Day Readmission Rate for Members Post-Delivery[2]	1.66%	1.66%	TBD	1.33%
31–60 Day Readmission Rate for Members Post-Delivery[2]	0.43%	0.57%	TBD	0.34%
Preliminary Compliance Score	N/A	76.0	TBD	100.0
Improvement: Postpartum depression screening rates appear to have increased to exceed target rates, although the HEDIS postpartum visit rate and the readmission rates did not show improvement.				

[2] Performance target will be the Quality Compass 50th percentile rate for HEDIS2016 Medicaid.
[2] A lower rate is better.
MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 55: WellCare of Kentucky Statewide Collaborative PIP –Coordinated Care for Members with Serious Mental Illness

Goals and Interventions
PIP Period 2016–2018 Baseline Report
Goals
WellCare of Kentucky aims to improve preventive physical health care, including access to preventive/ambulatory health services and screenings for metabolic and cardiovascular risks, in the seriously mentally ill population.
Key Interventions
Provider Interventions: · Enhance current clinical practice guidelines for the treatment of Schizophrenia and Bipolar Disorder to include best practice recommendations for the provision of preventive physical health screenings for patients diagnosed with these conditions. · Develop a preventive physical health "Assessment, Screening, and Monitoring Tool" for adults diagnosed with SMI and distribute the screening tool via mail to providers and make the tool available via the health plan's provider website. · Explore the opportunity to engage practicing physicians, both PCPs and psychiatrists for collaborative baseline information analysis, to include barrier assessment, and additional input and recommendations for interventions to improve the management and coordination of care for members with SMI. · Identify individual providers for mailings based on data indicating that a new prescription for an antipsychotic was filled in the previous month. Mailings will include information on how to access the Clinical Practice Guidelines on the MCO's website, in addition to the "Assessment, Screening, and Monitoring Tool." Member Interventions: · Seek input on perceived barriers and recommended interventions from members, advocates and community partners. · Send educational appointment reminder letters to members with SMI. · Develop and distribute behavioral and physical mental health member education materials. Member and Provider Interventions: · Explore the opportunity to engage members, advocates and community partners for a collaborative effort to include barrier assessment and additional input and recommendations for interventions to improve the management and coordination of care for members with SMI. · Develop and distribute member-specific informational/educational materials related to the behavioral and physical health needs of members with SMI.

Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal[1]
Access to Preventive/Ambulatory Health Services for Adults with Schizophrenia or Bipolar Disorder	66.46%	TBD	TBD	72.12%
Body Mass Index Screening for People with Schizophrenia or Bipolar Disorder	89.81%	TBD	TBD	95.20%
Cholesterol Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications	74.66%	TBD	TBD	84.80%
Tobacco Screening for People with Schizophrenia or Bipolar Disorder (Tobacco Screening)	75.23%	TBD	TBD	90.00%
Tobacco Screening and Follow-up for People with Schizophrenia or Bipolar Disorder (Current Tobacco Use)	89.54%	TBD	TBD	95.90%
Tobacco Screening and Follow-up for People with Schizophrenia or Bipolar Disorder (Tobacco Cessation Intervention)	67.01%	TBD	TBD	77.50%

Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal[1]
Tobacco Screening and Follow-up for People with Schizophrenia or Bipolar Disorder (Tobacco Cessation Rx Prescribed)	56.41%	TBD	TBD	69.80%
Blood Pressure Assessment for People with Schizophrenia or Bipolar Disorder	88.42%	TBD	TBD	94.20%
HEDIS Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)	82.46%	TBD	TBD	84.80%
HEDIS Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	71.13%	TBD	TBD	77.50%
HEDIS Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	78.89%	TBD	TBD	94.60%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	63.90%	TBD	TBD	68.70%
Pending Compliance Score	N/A	TBD	TBD	100.0
Improvement: To be determined with interim and final results.				

[1] Revised goals provided by plan in Response to 2016 Technical Report Recommendations.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 56: WellCare of Kentucky PIP – Improving Pediatric Oral Care

Goals and Interventions
PIP Period 2016–2018 Baseline Report
Goals
WellCare of Kentucky aims to improve pediatric oral health in Kentucky by increasing the number of members receiving an annual dental visit and preventive oral health care.
Key Interventions
Provider Interventions: · Develop and publish provider newsletter articles highlighting the importance of care coordination and tips for interacting with pediatric patients. · Host provider "Meet and Greet" to promote collaboration between dentists and pediatricians. Member Interventions: · Develop and publish member newsletter articles highlighting the importance of oral health and pediatric guidelines for dental visits and preventive care. · Mail member educational materials. Health Plan Interventions: · Regular workgroup meetings with plan staff and the plan's dental vendor, Avesis, to improve collaboration.

Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
HEDIS Annual Dental Visits	60.74%	TBD	TBD	66.64%
Dental Sealant Treatment	16.95%	TBD	TBD	23.00%[1]
Members Receiving one Fluoride Treatment	31.9%	TBD	TBD	54.19%
Members Receiving two Fluoride Treatments	16.5%	TBD	TBD	19.22%
Members Receiving at least one Preventive Service During the Year	52.8%	TBD	TBD	59.83%
Pending Compliance Score	N/A	TBD	TBD	100.00
Improvement: To be determined with interim and final results.				

[1] CMS recommended target rate.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 57: WellCare of Kentucky Statewide Collaborative PIP – Prenatal Smoking

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
WellCare of Kentucky will implement member, provider and community/health plan interventions to increase the rate of prenatal screenings for tobacco use, increase the rate of current users receiving a cessation intervention and promote prenatal smoking abstinence.
Key Interventions
Provider Interventions: · A newly developed OB Toolkit will be provided via the plan's website. · The Plan's Quality Practice Advisors will provide targeted educational outreach to providers regarding the HK measures and goals. · Providers will be encouraged to submit the Prenatal Notification Form to Customer Services for OB CM referral. Member Interventions: · The Plan's vendor, Optum, is a comprehensive maternal program that identifies pregnant members and provides risk assessments. Pregnant members identified as tobacco users are categorized as high risk and referred to the Plan's high risk OB CM program. · The high risk OB CM will perform a postpartum follow-up outreach call to assess smoking abstinence. · High risk OB CM will tailor care coordination via outreach and educational materials developed based upon an analysis of member demographic and clinical factors. Health Plan Interventions: · The plan will update its Prenatal Notification Form to include a smoking screen as a high risk behavior, and providers access this form on the Provider Portal. · The plan will develop a Prenatal Smoking Registry using administrative data, Optum referrals, high risk OB CM smoking questionnaire, HRAs, prenatal notification forms.

OB: obstetrics; CM: care management; HRA: health risk assessment

Table 58: WellCare of Kentucky PIP – Childhood and Adolescent Immunizations

Goals and Interventions
PIP Period 2017–2019 Proposal
Goals
WellCare of Kentucky aims to increase the percentage of childhood and adolescent members who receive all recommended immunizations by implementing a robust set of member, provider, community, and Plan interventions to improve rates over the next three (3) years.
Key Interventions
Provider Interventions: · Include CIS Combo 10 as Pay-for-Performance measure. · Distribute HEDIS toolkits to educate providers on measure specifications. · Distribute care gap reports identifying members who have not had immunizations to identify low performing providers. · Alert providers of members in need of well-care visits. · Pay-for-Performance Program. Member Interventions: · Alert case managers and customer services representatives of members in need of well-child visits so they can educate members on the importance of immunizations. · Assist members in making appointments and arranging for transportation. · Educate members through newsletter articles, targeted outreach calls, Postpartum Outreach, periodicity letters. · Disseminate educational materials for immunizations. · Member Incentive: Healthy Rewards. Health Plan Interventions: · Gain access to State Immunization Registry. · Develop and distribute care gap reports and HEDIS toolkit for providers. · Add CIS Combo 2 and Combo 10 to EPSDT requirements, aligning with the Kentucky School Immunization requirements.

EPSDT: Early and Periodic Screening, Diagnostic and Treatment.

Additional EQR Activities in Progress

In addition to the mandatory EQR activities described in this report, IPRO conducts a number of optional EQR activities. Some were completed in CY 2015, some continued in CY 2016 and others are ongoing. A descriptive summary of each activity follows:

Managed Care Program Progress Report

IPRO produced a Managed Care Program Progress report for key stakeholders, such as the Kentucky State Legislature. The purpose of this Progress Report is to summarize information from the external quality review activities that describe the status and progress that has occurred in Kentucky's Medicaid Managed Care Program during the period July 1, 2014 through June 30, 2015. IPRO identified program strengths and opportunities for improvement in the areas of program administration, data systems, compliance with federal standards, provider network access, quality assessment, performance improvement and provided recommendations related to improving encounter data quality, enhancing board certification rates, increasing well-child visits for children and adolescents, conducting further study on access and availability of behavioral health services, improving HEDIS performance where rates fell below the 50th percentile, and more importantly at or below the 10th percentile, increasing response rates for health risk assessments, and enhancing care coordination.

MCO Performance Dashboard

The MCO Performance Dashboard displays the plans' HEDIS and CAHPS rates and highlights overall performance as well as individual measure performance compared to national Medicaid averages. IPRO updates the dashboard annually with each year's HEDIS and CAHPS data and performance trends.

MCO Performance Annual Health Plan Report Card

IPRO collaborated with DMS to produce a Health Plan Report Card (English and Spanish versions) which presents the performance for each of the plans on selected HEDIS and CAHPS measures. The Health Plan Report Card is provided to members to compare the MCOs' performance and assist members in choosing an MCO during the Open Enrollment period. IPRO updates the Health Plan Report card annually prior to the Open Enrollment period.

Quality Companion Guide

IPRO has prepared a Quality Companion Guide as a reference guide to the core EQR quality improvement activities for the MCOs. The guide includes an overview of the processes for the regulatory compliance review, PM calculation and validation and PIP conduct and validation.

Comprehensive Evaluation Summary

IPRO composed a comprehensive evaluation summary which presented an in-depth review of DMS accountability strategy, monitoring mechanisms and compliance assessment system described in the Commonwealth of Kentucky's Strategy for Assessing and Improving the Quality of Managed Care Services. This was the third annual review, conducted with the intent of continuing the evaluation using updated information, reports and interviews. The report described recent developments in Kentucky's MMC Program including a description of program monitoring responsibilities and the evaluation methodology. The methods for evaluation included interviews with key stakeholders, including MCO and DMS program managers; the Department for Behavioral Health, Developmental and Intellectual Disability (DBHDID); Department of Public Health (DPH); and the Department of Insurance (DOI). IPRO summarized strengths and opportunities for improvement Kentucky's MMC Program relative to program administration, goals and benchmarks, quality monitoring assessment, and quality improvement. Recommendations addressed the quality strategy, the collaborative PIP, MCO statutory report requirements, and the MCO performance dashboard.

Validation of Patient-Level Claims

Encounter data validation is an optional MMC EQR activity. DMS requested that IPRO conduct several encounter data activities during 2014.

Monthly Management Reports

IPRO continued to receive historical claims data from DMS that captures the MCO members' utilization. IPRO produced a set of monthly validation and management reports that display the trends in claims for a variety of services, including inpatient, professional and pharmacy, among others. Monthly report production is an ongoing task.

MCO Encounters vs. IPRO Warehouse Data Validation

DMS requested that IPRO conduct an encounter data validation project. IPRO is in the process of conducting an encounter data validation study to ensure that DMS' data warehouse captures all submitted information from the MCO's. IPRO requested the following from DMS: the latest file specifications sent to MCOs for encounter, dental and pharmacy data submissions, updates to the data submission process since IPRO's first review and documentation of internal queries and edit checks applied to files received. File layouts were reviewed, a request was sent to Kentucky MCOs for data submissions that were submitted to the state based on a specified three month range (July-September 2015) and DMS will be notified of the data requests.

In process is the Data validation for Encounter, Dental and Pharmacy Data Submissions:

- Analysis and comparison of records and dates of service sent by MCOs versus DMS data warehouse Records.
- A discrepancy report will be built to showcase frequencies of missing information, missing and duplicated records for MCOs and DMS as well as any other data inconsistencies.

EPSDT Validation Study

IPRO conducted studies to validate Kentucky Medicaid Managed Care EPSDT visit codes in 2014 and 2015. The 2014 study revealed opportunity for improvement in the receipt of comprehensive EPSDT screenings during well child visits, and oral health assessment was among the specific identified gaps in care. Although rates of oral health assessment during EPSDT visits showed significant improvement in 2015 over 2014 results (61% versus 50%, $P < 0.01$), there is still opportunity for improvement in this area, especially for adolescents, for whom only 52% had an oral health assessment documented. The 2015 study also identified continued opportunity for improvement in the rate of children and adolescents who were documented to be under the care of a dentist or had a referral to a dentist, with a rate of only 16%. Strikingly, 35% of all study sample members, and 44% of adolescents, had neither assessment of oral health needs during their EPSDT visit nor referral for dental care.

In order to support Kentucky's ongoing focus on oral health care in the Healthy Smiles Kentucky and other statewide initiatives ("Healthy Kentucky Smiles," 2006),[26] these findings will be explored in more detail to determine if dental services codes for comprehensive preventive services and exams and restorative dental treatment services reflect preventive and treatment visits as indicated in dental record documentation.

This study aims to validate EPSDT-related dental visit and services codes by comparing dental record documentation and submitted dental encounter data for children enrolled in Kentucky MMC, and describe age-appropriate EPSDT dental services provided during dental visits.

Study questions:

- Does dental record documentation of dental visits and procedures identified by dental encounter data submission include documentation of preventive, diagnostic and restorative treatment services covered under The Kentucky Medicaid Dental Program[27] for children under age 21 including: oral exams, X-rays, extractions, fillings, root canal therapy, crowns, and sealants?
- Does dental record documentation support claims submitted for EPSDT routine dental preventive and restorative treatment related services?
- To what extent are follow-up dental health diagnostic and dental treatment services planned for problems identified during dental visits?

[26] http://chfs.ky.gov/nr/rdonlyres/67ed0872-8504-43a0-8165-8739f320cac9/0/strategicplan.pdf.

[27] Kentucky Cabinet for Health Services, Department for Medicaid Services, Dental Services. http://chfs.ky.gov/dms/dental.htm. Accessed 11-23-2015.

Quality of Care Focus Studies

Quality of care focus studies are an optional EQR activity. IPRO is conducting two focus studies on behalf of DMS with the participation of the MCOs and other stakeholders, such as DCBS.

Emergency Department Visits for Nontraumatic Dental Problems Among the Adult Kentucky Medicaid Managed Care Behavioral Health Subpopulation

The aim of this focused study is to quantify the prevalence of and risk factors for nontraumatic dental ED visits (NTDV) among the adult Kentucky MMC BH subpopulation.

Administrative encounter data for measurement year June 1, 2014–May 31, 2015 were utilized to assess relationships between the outcome of an ED visit for nontraumatic dental problems and the risk factors among the adult MMC BH subpopulation (aged 18 years and older, as defined in the Kentucky Behavioral Health Study [IPRO/KDMS, 2014]).[28] The following outcomes were evaluated among the total adult BH subpopulation: any (one or more) ED visit(s) for nontraumatic dental problems (i.e., disorders of tooth development and eruption; diseases of hard tissues of teeth [e.g., caries]; disease of pulp and periapical tissues; gingival and periodontal diseases; other diseases of teeth and supporting structures, as defined in Sun et al., 2015).[29] In addition, the subset of the BH population with NTDV, the outcome of multiple NTDVs (MNTDVs) was evaluated for associations with risk factors. Risk factors included demographic characteristics (age group, race, sex); BH conditions; chronic physical conditions; member residence (rural non-Appalachian, urban non-Appalachian, and Appalachian county); MCO; access to PCPs and BH providers for outpatient visits; access to outpatient dental visits by type (restorative: any dental visit type other than exclusively for preventive/diagnostic or pain/palliative care; preventive/diagnostic without restorative care; pain/palliative care without restorative care; and no outpatient dental visits).

Key findings included:

- The majority of the Kentucky BH MMC population with one or more NTDVs were aged 18–37 years and resided in urban counties.
- Unmet dental need and lack of access to outpatient dental care crossed geographic boundaries.
- Most Kentucky BH MMC members with an NTDV had no outpatient dental visits, yet the highest NTDV rate was among members with an outpatient dental visit for pain/palliative care without any restorative care.
- There was significant variability in the NTDV rate among Medicaid MCOs, and among members with and without visits to PCPs and BH providers.

Recommendations

Kentucky Medicaid MCOs can address the problems and risk factors identified in this focused study by identifying and sharing current gaps and best practices, as well as collaborating with providers for quality improvements by drawing on the following specific recommendations:

- Target care coordination/case management to susceptible subpopulation as indicated by risk factors identified in this report.
- Enhance care management programs for improved outreach and engagement of the BH population for integration of physical health, mental health and oral health care.
- Work with PCPs, BH providers and dentists to improve integration of physical, behavioral and oral health care services.
- Develop partnerships with academic medical centers for implementation of ED dental diversion programs in urban areas.
- Evaluate dental networks in rural and Appalachian counties, and undertake initiatives to improve access and availability of dental providers.

[28] IPRO/KDMS. Kentucky Behavioral Health Study: Final Report, July 2014.

[29] Sun BC, Chi DL, Schwarz E, Milgrom P, Yagapen A, Malveau S, Chen Z, Chan B, Danner S, Owen E, Morton V, Lowe RA. Emergency department visits for nontraumatic dental problems: a mixed-method study. American Journal of Public Health May 2015; Vol 105(5): 947-955.

- Address each of the non-compliance drivers identified in the Dental Access and Availability Survey in order to ensure that an adequate provider network is available and accessible to members.
- Conduct performance improvement projects (PIPs) to improve the integration of and access to physical, behavioral and oral health care services, with targeted interventions to improve oral health for adolescents and young adults.
- Survey members with MNTDVs to identify barriers to accessing and utilizing outpatient dental care.
- Educate members about the importance of oral health to overall health and well-being, as well as appropriate sources of care and the availability of covered services, and engage providers to deliver preventive and restorative dental care.
- Conduct MCO- and county-specific analysis of NTDV, outpatient preventive and outpatient treatment dental visits, in order to highlight geographic areas of need, such as counties with shortages of dentists willing to provide preventive and treatment dental services.
- Conduct MCO-specific analysis of NTDV to also address patterns of multiple hospital usage, opioid prescription and tobacco use disorder, develop hospital-community partnerships to address these issues, and monitor NTDVs to identify candidates for Lock-In Programs.

KDMS can provide guidance to MCOs in order to address the issues identified in this focused study and develop comprehensive strategies for quality improvement, care coordination, integration and continuity. Specific recommendations for KDMS include the following:

- Initiate a statewide PIP that aims to integrate oral health care with primary health care for adult MMC enrollees with BH conditions, including the high-risk subpopulation of adults with SMI and substance abuse disorder (SUD).
- Collaborate with MCOs to implement solutions recommended by the ADA, such as ED dental diversion programs in urban areas with access to urgent care dental clinics.
- Collaborate with the CMS to extend the CMS Oral Health Collaborative to address the adult BH subpopulation.
- Findings from this focused study reinforce the importance of IPRO's recommendation in the Dental Access and Availability Survey that KDMS work with the MCOs to increase dental contact and appointment rates in order to improve access to appropriate dental care.

Prenatal Smoking, Small for Gestational Age (SGA) and Preterm Birth Outcomes, and Smoking Cessation Interventions (In Progress)

The aims of the focused study are two-fold:

1. Profile smoking prevalence, member characteristics, receipt of prenatal smoking cessation services, and SGA and SGA-indicated preterm birth outcomes among the Kentucky Medicaid Managed Care population who delivered a live or stillborn singleton birth, and evaluate associations between prenatal smoking status, receipt of prenatal smoking cessation services, MCO membership, prenatal visits, and demographic characteristics with the outcomes of prenatal SGA and SGA-indicated preterm birth. Also evaluate the broader outcome(s) of placental-associated syndromes (PAS) linked to prenatal smoking, i.e., placental abruption, placenta previa, stillbirth, as well as SGA and preterm.
2. Profile provider prenatal and postpartum interventions, i.e., 5 "A's," MCO care coordination and case management prenatal and postpartum interventions, whether or not smoking abstinence achieved and, if achieved, whether during prenatal period or postnatal period, and total # quit attempts during prenatal and postpartum periods.

Methodology

1. Administrative Study: For the entire Medicaid Managed Care population of members who delivered a singleton live or stillborn infant during the period from June 1, 2014- May 31, 2015, with continuous enrollment from 43 days prior to delivery through 56 days after delivery, utilize administrative claims/encounter data to achieve the first study aim by evaluating disparities and associations using chi square analysis of proportions and multiple logistic regression statistical analysis, respectively. Use the same ICD-9 codes to define smoking status as those used in the IPRO/KDMS postpartum study (2014) across all encounter settings during the 280 days prior to delivery date.
2. Select a random sample of 400 members from the Administrative Study eligible population, stratified by smoking status and MCO (i.e., 30 smokers + 10 oversample + 30 nonsmokers + 10 oversamples per MCO x 5 = 400).

3. Abstract data on "5 A's" from provider prenatal and postpartum outpatient visit charts, care coordination and case management prenatal and postpartum interventions for smoking cessation referrals from MCO charts, and both prenatal and postpartum smoking abstinence outcomes from both provider and MCO charts.

Access and Availability Surveys

Conducting surveys is an optional EQR activity. IPRO conducted a variety of access and availability survey activities on behalf of the Kentucky DMS.

Availability of Primary Care Providers

During 2015, IPRO conducted a survey to evaluate access to and availability of primary care providers participating with the Medicaid MCOs. Specifically, this project assessed the ability to make office hour appointments using a secret shopper survey methodology. A total of 1,250 providers were randomly sampled for the survey study. Provider types fell into three categories: PCPs, pediatricians, and obstetricians/gynecologists (ob/gyns). The project comprised three types of calls: routine appointments, non-urgent appointments, and after-hours phone access. At the time of this survey, there were five MCOs: Anthem BCBS Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

Overall, 86.3% of the providers for the routine calls and 87.4% of the providers for the non-urgent calls were able to be contacted. After removing exclusions, 31.8% of the providers for the routine calls and 24.8% of the providers for the non-urgent calls were both able to be contacted and scheduled an appointment within the corresponding timeliness standards (i.e., 30 days and 48 hours, respectively). The overall compliance rate for after-hours calls was 52.0%.

Validation of Managed Care Provider Network Submissions

In September 2015, IPRO, on behalf of DMS, conducted its fifth audit of the plans' provider directory data files to validate their accuracy. This is the first provider network validation for FY 2016. There are five MCOs operating in Kentucky: Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

Key findings included:

- A total of 206 (45.2%) providers who returned surveys included at least one revision. A higher percentage of PCP records had revisions than specialist records.
- Four survey items had a substantial percentage of providers with missing data in the provider directory data file: License number, Secondary Specialty, Spanish, and Other Languages Spoken. Overall accuracy and error rates excluded additions to the Spanish field, as well as additions of "English" to the Languages field.
- While the least accurate field was "Spanish" with a 65.1% rate of accuracy, most of the revisions were additions, because the original provider directory data were blank. As such, this finding should be interpreted with caution.
- The fields with the most accurate rates were "State" with a 100.0% rate, "National Provider ID (NPI)" with a 99.8% rate, "First Name" with a 99.8% rate, "Last Name" with a 98.0% rate, whether the provider has a contract to accept Medicaid patients with a 98.0% rate, "PCP Panel Size" with a 96.9% rate, "Secondary Specialty" with a 96.7% rate, "Provider Type" with a 96.1% rate, "City" with a 95.8% rate, "Primary Specialty" with a 95.4% rate, "Zip Code" with a 93.9% rate, and "PCP, Specialist, or Both" with a 92.8% rate.
- There was an average of 1.83 revisions per provider for the 206 providers that submitted surveys with changes.
- The "Street Address" element had an accuracy rate of 89.5%. The "Phone Number" element had an accuracy rate of 86.6%, although more than half the revisions coincided with a change in address. The accuracy rate for "PCP Open or Closed Panel" was 91.3%.
- The "License Number" field was reported correctly in 85.4% of records among the 383 providers licensed in Kentucky, partially due to the high number of missing data in the original data file.
- The "Languages Spoken" element was underreported, and had an accuracy rate of 81.6%. At least one language was added by 82 providers.
- A comparison of the statewide rates of overall accuracy, between the last audit conducted in April 2015 and the current audit, revealed an increase from 49.1% to 54.8%, although the difference was not statistically significant.

One data element, “Provider Type” increased, while none of the data elements decreased significantly in accuracy over time.

Pharmacy Program Reviews

Pharmacy Program Reviews are a Kentucky-specific task included in IPRO’s contract. IPRO conducts reviews of the MCO quarterly reports related to pharmaceutical services. The focus of the reviews is non-preferred drug list medications, prior authorizations, and denials. IPRO analyzes the data in the reports for each MCO and provides written reports including MCO-specific findings and recommendations. The findings are shared with the MCOs.

Individual Case Review

Individual case review is an optional EQR activity. IPRO conducts individual case reviews when a potential quality of care concern is identified during the conduct of EQR tasks or when DMS identifies a general concern.

DMS identified a concern related to coordination of care for DCBS foster children enrolled in one of the Medicaid MCOs. DMS was concerned that the MCO does not adequately coordinate care and participate in discharge planning for children with inpatient behavioral health admissions. Additionally, there was concern related to “decertification” or concurrent denials for continued inpatient stay at behavioral health facilities. This is of particular concern for these foster children who have chronic behavioral health conditions and who may be difficult to place. DMS requested that IPRO conduct a review of selected cases of foster children enrolled in the MCO with an inpatient behavioral health admission.

Overall findings that can be generalized to most or all of the cases include the following:

- UM processes were appropriately followed.
- UM decisions were supported with appropriate rationale.
- UM decisions and communication were timely.
- Although the UM decisions were well-supported, the decisions appeared to have been made in a vacuum, without acknowledgement that there might not have been an alternative placement available for the member.
- Facility quality of care issues were identified, confirmed, and addressed by the MCO.
- There was lack of care management/care coordination, with no MCO assessments or care plans (or copies of the DCBS assessments and care plans) and members were not always followed or monitored on a routine/ongoing basis.
- There was no evidence of linkages to internal MCO services or external resources by the MCO.
- The MCO care management documentation was primarily related to UM activities.
- Although DCBS had primary responsibility for care management, there was minimal evidence of attempts to coordinate with DCBS, obtain information on the members’ status and, in most cases, limited participation in discharge planning or none.

There was lack of continuity of care. Specifically, the MCO did not ensure post-discharge follow-up care or continue to monitor the member/attempt to obtain updates on the member’s status after UM issues were resolved, the continued stay was denied, and/or the member was discharged.

MCO Responses to Prior Recommendations

Federal EQR regulations for EQR results and detailed technical reports at 42 CFR §438.364 require that the EQR include, in each annual report, an assessment of the degree to which each health plan has addressed the recommendations for quality improvement made in the prior EQR Technical Report. Table 59 through Table 63 provide the MCOs' responses to the recommendations issued in the Kentucky 2015 Technical Report, including an initial plan of action, how the plan was implemented, the outcome and monitoring and future actions planned. The following MCO responses have been included in the report exactly as submitted by the MCO without any revisions.

Table 59: Aetna Better Health Response to Recommendations Issued in 2016 Technical Report

IPRO Recommendation/ Aetna Better Health Response
IPRO Recommendation: *In the domain of quality, IPRO recommends that Aetna: Maintain the substantial and full compliance that was achieved in the current annual review, strive to achieve full compliance for all domains and address all elements that were found less than fully compliant, focusing on elements with minimal or non-compliance designations and requiring corrective action.* *MCO Response:* Initial Plan of Action: · Utilized results of 2015 Annual evaluation and EQRO audit results to identify deficiencies or areas of opportunity · Implemented process improvements to address deficiencies, opportunities or process efficiencies · Promoted intra-department collaboration across the health plan to identify barriers for CAHPS, PIP, HEDIS or other satisfaction surveys through the use of the Service Improvement Committee and/or workgroups. When and how was this accomplished? Annual evaluation data is collected annually in Q1 and outlines opportunities for improvement. EQRO results were received in late Q2 of 2015, workgroups and the SIC committee were quickly engaged in deficiencies. Service Improvement committee meeting quarterly and QM is a standing agenda item. In 2016, QM implemented HEDIS and CAHPS workgroups that met year round to discuss issues and is an ongoing collaboration. Outcome and Monitoring: Service Improvement committee meeting quarterly and QM is a standing agenda item. In 2016, QM, HEDIS and CAHPS workgroups and /or SIC met year round to discuss issues and are ongoing collaborations. Monitoring is evaluated by the QM work plan updates that occur quarterly with the Quality Management Oversight Committee. Future Actions/Plans: Service Improvement committee meeting quarterly and QM is a standing agenda item. In 2017, QM, HEDIS and CAHPS workgroups and /or SIC will meet year round to discuss issues and is an ongoing collaboration. Quarterly review of QM work plan at the QMOC committee meetings.
IPRO Recommendation: *Work to improve the rates for HEDIS measures which fell below the NCQA national averages and the HK PM rates that fell below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period.* *MCO Response:* Initial Plan of Action:

IPRO Recommendation/ Aetna Better Health Response
· Provider Education regarding HEDIS and Healthy Kentuckian measures · Member Education regarding HEDIS and Healthy Kentuckian measures · Identify Barriers and Non-Compliant Members · Internal Plan Staff Education regarding HEDIS and Healthy Kentuckian measures · Monitor HEDIS rates monthly to compare rates from month over month, and monthly rates year over year. When and how was this accomplished? · Provider Education—Ongoing: In 3rd quarter 2015, HEDIS staff developed HEDIS Provider Tipsheets and distributed to providers during provider forums, provider fax blasts, the provider newsletters, and at onsite office visits to provide education regarding HEDIS. The Tipsheets were distributed throughout 2016. Distributed care gap reports to provider offices identifying members on their panel who were non-compliant in an effort to get members in for screenings/visits. Providers have the opportunity to provide medical record proof of documentation that a visit or screening occurred and this data was entered as supplemental data. Providers had the opportunity to participate in the Pay for Performance program or the Value Based Services program. Hired two full time HEDIS Registered Nurses in 2nd quarter 2016 to conduct onsite visits at provider offices to provide education. · Member Education—Ongoing: Conducted outreach calls in 2016 to members by Head of Household with the most number of members in the household to assist in making appointments for appropriate screenings. Trained internal departments throughout 2016 regarding HEDIS (Case Management, Member Outreach, Member Services, and Provider Relations). Initiated new member incentives to impact PPC, LSC, DRE, SPR, and FUH 7-day follow up. Distributed approximately 300,000 educational materials via the EPSDT program. Initiated the member incentive program to motivate members to obtain health screenings. · Identify Barriers—Conducted a barrier analysis based on HEDIS specific measure results to determine barriers by member region, age, and gender. It was noted that one of the largest regions in Kentucky with lower HEDIS rates was Region 8. Hired a full time HEDIS Registered Nurse located in Region 8 to provide educational outreach to providers and members who reside in Region 8. · Internal Plan Staff Education— Ongoing: HEDIS staff trained internal departments (2015 and 2016) regarding HEDIS (Case Management, Member Outreach, Member Services, Prior Authorization, Grievance and Appeals, and Provider Relations). HEDIS tip sheets were distributed to each individual internal staff member. Outcome and Monitoring: The overall performance goal is to achieve improvement in all measures. The overarching goal is a minimum achievement of the 50th percentile. Comparison of 2016 HEDIS rates submitted to the NCQA 2015 Quality Compass Percentiles indicate that that 5 measures or sub-measures have met or surpassed the NCQA 2015 Quality Compass 90th Percentile, 14 measures or sub-measures have met or surpassed the NCQA 2015 Quality Compass 75th Percentile, 26 measures or sub-measures have met or surpassed the NCQA 2015 Quality Compass 50th Percentile (Quality Compass 2015 for measurement year 2014). Future Actions/Plans: Aetna will continue to work proactively with IPRO, DMS, Aetna Corporate QI, and internal staff to identify and implement interventions to positively impact outcomes and increase the health and quality of life of our members. Monitoring of HEDIS rates will be conducted monthly throughout the year and more frequently during the HEDIS project timeframe (weekly, daily, and hourly monitoring while the project is underway until the May NCQA HEDIS deadline). At the end of the HEDIS project, an analysis will be conducted to identify non-compliant members by region, age, and gender. Member education will be conducted telephonically, face to face, and via educational materials (reminder postcards, member newsletters, etc…). Active promotion of the provider programs and the member incentive programs to ensure specific HEDIS rate improvement. Develop HEDIS toolkit and other provider toolkits (Value Based Services Program) and post on the provider website. Ongoing education is to be provided to all internal staff. Continue collaboration with the Outreach

IPRO Recommendation/ Aetna Better Health Response
Department and the Wellness Program Manager to identify opportunities to outreach to members regarding the importance of health screenings by participating in community events, health fairs, back to school events, and community baby showers. Utilize two full time HEDIS Registered Nurses to create positive relationships with providers and to educate provider offices regarding HEDIS.
IPRO Recommendation: *Evaluate the root causes and initiate improvement strategies for member satisfaction with network providers and the health plan, as demonstrated by continued performance below national averages for Adult and Child CAHPS 5.0H.* *MCO Response:* Initial Plan of Action: In 2016 our plan underwent migration from ConventryCares of Kentucky to Aetna Better Health of Kentucky. There were major system changes which resulted in some problems with provider claim payments. CAHPS survey was conducted shortly after migration and the provider dissatisfaction regarding their payments had an impact on the 2016 CHAPS survey results. In 2016, we had bi-weekly workgroup meetings with the corporate quality team to assess gaps and strategize improvement plans for member and provider satisfaction. Aetna National Medicaid Quality team also provided guidance and intervention strategies to assist us with our planning. The Provider Relations division underwent leadership change and has been working hard to address the provider claim issues. Additionally, during two of the 2016 quarterly meetings, QMAC committee members were provided an overview of the CAHPS survey results and their input on improving member satisfaction was sought. When and how was this accomplished? The improvement plan for CAHPS has been an ongoing process. Opportunities for improvement include ease of getting care, how well doctors communicate with members, customer service, and the overall rating of the health plan. The Health Plan conducted inter-departmental meetings to identify barriers and interventions for measures below the QC national average and identified areas for improvement. Outcome and Monitoring: Barriers and interventions are outlined below: <u>Barriers</u> · Timing of migration from CoventryCares of Kentucky to Aetna Better Health of Kentucky and the release of the CAHPS survey · Provider dissatisfaction leads to negative communication to our members, including statements they are not accepting our members · High readmission rates due to members not receiving support during transition from the acute level of care · Increase in Medicaid members in the Commonwealth has increased the work load of providers and their staff while simultaneously decreasing the amount of time spent with patients <u>Interventions</u> · The Member Services department (Customer Service) successfully relocated from offsite to the Louisville, KY office. This move has allowed for greater collaboration with all departments to reach overall health plan goals and initiatives. · The Prevention and Wellness program is staffed and working on several projects and studies related to Oral health, Smoking Cessation, Substance Abuse, Diabetes and Healthy BMI. The Prevention and Wellness team works closely with Member Outreach, Member Services, Provider Relations, Care Management and HEDIS. This relationship and the education being delivered are allowing Aetna Better Health of Kentucky to reach both members and providers with information and resources to positively impact the health of our members. · SafeLink and Voxiva Initiatives have been launched in 2016, providing cell phones to members to ensure they understand their healthcare needs and have the tools to get the right care. We have partnered with SafeLink Wireless and Voxiva to provide cell phones with 350 minutes/month and free unlimited texting.

IPRO Recommendation/ Aetna Better Health Response
· The HEDIS team is involved in member outreach, member and provider education, and collaborates closely with the Prevention & Wellness coordinator on community-wide education · Implementation of the Service Improvement Committee which allows for interdepartmental collaboration in reconciling appeals and grievances data with member calls/inquiries and satisfaction survey results · Processes related to the Member connection NCQA standards ensure communication to members about their benefits and wellness options including access to a Health Risk questionnaire. These processes focus on making information related to plan benefits available through various methods (i.e. phone, email and internet) · The Quality and Member Access Committee (QMAC) has increased activity to promote member and advocacy participation allowing for their feedback in the design and development of the Quality program to impact health plan satisfaction. An example of this includes the QMAC offering the meetings virtually for our members and member advocates · Incorporating the provider relations team into the annual HEDIS and CAHPS training to deliver objectives and resource materials to the providers · Aetna Better Health of Kentucky is hosting Provider Forums in 2016. Health plan goals and initiatives will be discussed as well as provider education on claims, integrated care management, quality initiatives, HEDIS measures and member advocacy · Targeted workgroups and projects on resolving provider issues to encourage provider satisfaction and consequently, member satisfaction · Implementation in January 2017 of annual notification to providers of the intent of the CAHPS survey and timeline · Provider and Member Newsletters include articles on promoting the health of Kentucky Medicaid children (EPSDT services), Oral Health, Smoking Cessation, Healthy BMI and other pertinent health topics. Targeted articles for both audiences will provide more information on how to access care, shared decision making on care and compliance with medications and understanding medications prescribed · Aetna Better Health of Kentucky has many ongoing Performance Improvement Projects (PIPs) that not only work to promote the health of our members, but also encourage collaboration among the health plan, the providers and the members for several conditions. · The Aetna Better Health of Kentucky provider website contains an array of provider resources, health guidelines and literature. The website is reviewed on an ongoing basis and updated as indicated · Provider contracts are continuously being reviewed with larger physician groups to bring quality and service standards into Pay for Performance initiatives and new agreements have been initiated in 2016. · Improve the availability and access to care for members by continuing to increase the number of providers and urgent care centers and reaching out to non-participating providers to join the health plan · Our clinical Information Health line is available 24 hours a day, seven days a week for medical and behavioral member needs. Additional training and education continues to be provided to staff to assist members in their care, and to get the right care · Member education is provided through the following portals and/or materials: § Member Handbook § KRAMES on demand-tailored education for members with specific conditions § Case managers offer transition of care as well as continuity and coordination of care services for medical and behavioral health § Pediatric case management § NICU Program § Assistance with acute needs of foster care children § Provide parents with reminder letters for immunizations § Disease Management § Our member website assists and refers to:

- Women, Infant and Children (WIC program)
- How to access case and disease management services
- Member portal that provides specific information on the utilization of services
- How to locate a provider with the online provider look-up
- Information on Depression/Behavioral Health
- Ability to take a personal health risk assessment
- Focus on Kids Health: Lead Screenings; Immunizations and EPSDT

Future Actions/Plans: Member satisfaction with health care is a critical element that contributes to the assessment of overall quality of care provided by our health plan. Seeking and responding to member feedback is an integral component of our quality management program and will be used to improve the quality of care and services that we provide. We will continue to assess and evaluate the data from our CAHPS survey results and work on implementing strategies to improve member satisfaction. In 2017, we are initiating a CAHPS work group in order to come up with strategies to improve our member satisfaction. We will continue to get feedback from the QMAC members during the quarterly meetings. Additionally, the Service Improvement Committee (SIC), whose participants represent a cross-section of functional areas within the plan evaluate member experience in order to determine key drivers of member satisfaction. Member complaints/grievances and appeals will be analyzed and additional feedback obtained from both SIC and QMAC committees to gain insight into specific areas of dissatisfaction that may or may not be captured from the CAHPS survey. Provider and Member Newsletters will be used for educational purposes and providing any key updates or information to both providers and members. We will continue to work in system improvements in order to resolve the provider claims issues.

IPRO Recommendation:
Implement corrective actions to improve the methodological soundness and success of each of the current PIPs.

MCO Response:
Initial Plan of Action: In 2015, we were placed on a CAP for the scoring of our first 2 PIPs to go through their full course. Throughout the CAP in 2015, we worked closely with IPRO/DMS on our understanding of the process of the PIPs and what it takes to provide successful reports. While being on a CAP is certainly not ideal, we believe this was a useful exercise in improving our processes as well as our relationships with IPRO/DMS. In 2016, we tried to continue what we had learned through the 2015 CAP. In 2016, we submitted 4 PIPs for review and this time we did not receive a CAP on any of them. We believed that we were doing the work necessary and showing mostly improvements, but had to present them in a way that was more thorough in addressing their comments/suggestions and thoughtful in how every piece of the PIP ties together. Monthly calls and more open lines of communication have also helped address many of the areas where clarification was needed.

When and how was this accomplished?
As noted above, our relationship with IPRO/DMS and their willingness to assist us in working throughout all steps of these PIPs has been a tremendous help. We believe that the CAP that we were placed on in 2015 really put us all on the same page and we have tried to carry on our collaborative efforts with them in regards to ideas for proposals right through to the sustainability of the PIPs even when they are technically completed. Another big item of assistance has been the PIP templates and the training and explanations of what to address in each section that went with them.

Outcome and Monitoring: In any PIP that we propose, we try and go with topics that have national standards and benchmarks associated with them. We believe that HEDIS measures that are already in place are an excellent way to narrow down potential topics for proposals based upon where we are in terms of a national benchmark levels as well as how we have been trending. HEDIS measures are also helpful in terms of monthly monitoring and identifying gaps in care

IPRO Recommendation/ Aetna Better Health Response
for members for outreach and assistance. Annual audits are also a standard for HEDIS measures and this way we can always feel confident that our data is true and correct. For several of our PIPs, HEDIS measures are not available. Data collection must still ensure that data collected on PIPs are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Goals are based upon baseline results and these goals are reviewed with and by IPRO/DMS to ensure an ambitious yet attainable measurement. Progress is analyzed through our goals, process measures, improvements to our processes and implementations of sustainable and effective interventions. Future Actions/Plans: IPRO/DMS provides feedback on every annual report provided including the proposal, baseline, interim and final report. Throughout each process we will evaluate their comments and suggestions as well as our barriers, interventions, process measures and results in efforts to improve our PIPs. In the past, we have continued "retired" PIPs as focus studies and we have also felt comfortable marking a few as complete after the initiatives that were put into place through the PIP were shown as effective and became our workplace standard. Aetna will continue to review each PIP individually for future actions and improvements. In 2016 we requested, and were granted, a 1 year extension on our ADHD PIP where we felt like we were just making strides and seeing positive results.
IPRO Recommendation: In the domain of access to/timeliness of care, IPRO recommends that Aetna: · *Maintain the substantial and full compliance that was achieved in the current annual review, strive to achieve full compliance for all domains and address all elements that were found less than fully compliant, focusing on elements with minimal or non-compliance designations and requiring corrective action.* · *Work to improve the rates for HEDIS measures which fell below the NCQA national averages and HK PM rates that fell below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period or declined from the prior reporting period, with a particular focus on HEDIS measures for postpartum care, well-care visits for children and adolescents, and behavioral health/addiction services.* *MCO Response:* Initial Plan of Action: · Provider Education regarding HEDIS and Healthy Kentuckian measures. · Member Education regarding HEDIS and Healthy Kentuckian measures. · Identify Barriers and Non-Compliant Members. · Internal Plan Staff Education regarding HEDIS and Healthy Kentuckian measures. · Monitor HEDIS rates monthly to compare rates from month over month, and monthly rates year over year. When and how was this accomplished? · Provider Education—Ongoing: In 3rd quarter 2015, HEDIS staff developed HEDIS Provider Tipsheets and distributed to providers during provider forums, provider fax blasts, the provider newsletters, and at onsite office visits to provide education regarding HEDIS. The Tipsheets were distributed throughout 2016. Distributed care gap reports to provider offices identifying members on their panel who were non-compliant in an effort to get members in for screenings/visits. Providers have the opportunity to provide medical record proof of documentation that a visit or screening occurred and this data was entered as supplemental data. Providers had the opportunity to participate in the Pay for Performance program or the Value Based Services program. Hired two full time HEDIS Registered Nurses in 2nd quarter 2016 to conduct onsite visits at provider offices to provide education. · Member Education—Ongoing: Conducted outreach calls in 2016 to members by Head of Household with the most number of members in the household to assist in making appointments for appropriate screenings. Trained internal departments throughout 2016 regarding HEDIS (Case Management, Member Outreach, Member Services, and Provider Relations). Initiated new member incentives to impact PPC, LSC, DRE, SPR, and FUH 7

day follow up. Distributed approximately 300,000 educational materials via the EPSDT program. Initiated the member incentive program to motivate members to obtain health screenings.

- Identify Barriers—Conducted a barrier analysis based on HEDIS specific measure results to determine barriers by member region, age, and gender. It was noted that one of the largest regions in Kentucky with lower HEDIS rates was Region 8. Hired a full time HEDIS Registered Nurse located in Region 8 to provide educational outreach to providers and members who reside in Region 8.
- Internal Plan Staff Education— Ongoing: HEDIS staff trained internal departments (2015 and 2016) regarding HEDIS (Case Management, Member Outreach, Member Services, Prior Authorization, Grievance and Appeals, and Provider Relations). HEDIS tip sheets were distributed to each individual internal staff member.

Outcome and Monitoring: The overall performance goal is to achieve improvement in all measures. The overarching goal is a minimum achievement of the 50th percentile. Comparison of 2016 HEDIS rates submitted to the NCQA 2015 Quality Compass Percentiles indicate that that 5 measures or sub-measures have met or surpassed the NCQA 2015 Quality Compass 90th Percentile, 14 measures or sub-measures have met or surpassed the NCQA 2015 Quality Compass 75th Percentile, 26 measures or sub-measures have met or surpassed the NCQA 2015 Quality Compass 50th Percentile (Quality Compass 2015 for measurement year 2014).

Future Actions/Plans: Aetna will continue to work proactively with IPRO, DMS, Aetna Corporate QI, and internal staff to identify and implement interventions to positively impact outcomes and increase the health and quality of life of our members. Monitoring of HEDIS rates will be conducted monthly throughout the year and more frequently during the HEDIS project timeframe (weekly, daily, and hourly monitoring while the project is underway until the May NCQA HEDIS deadline). At the end of the HEDIS project, an analysis will be conducted to identify non-compliant members by region, age, and gender. Member education will be conducted telephonically, face to face, and via educational materials (reminder postcards, member newsletters, etc…). Active promotion of the provider programs and the member incentive programs to ensure specific HEDIS rate improvement. Develop HEDIS toolkit and other provider toolkits (Value Based Services Program) and post on the provider website. Ongoing education is to be provided to all internal staff. Continue collaboration with the Outreach Department and the Wellness Program Manager to identify opportunities to outreach to members regarding the importance of health screenings by participating in community events, health fairs, back to school events, and community baby showers. Utilize two full time HEDIS Registered Nurses to create positive relationships with providers and to educate provider offices regarding HEDIS. Add Healthy Kentuckian data entry reporting fields to the HEDIS data entry forms that correlate for measures including both Healthy Kentuckian and HEDIS measures.

IPRO Recommendation:
Implement corrective actions to improve the methodological soundness and success of each of the current PIPs.

MCO Response:
Initial Plan of Action: Multiple PIPs through the 4 years that we have been working on PIPs, have had critical timeliness of care barriers and all PIPs have had access components as well. As noted above in the Quality section, we were placed on a CAP in 2015 and we believe our work with IPRO/DMS taught us many lessons in how to best report our findings and ensure that each section is in line with all of the others. Each PIP was reviewed and corrected to any new templates/requirements needed that may have been missing on prior documents, such as correct process measures. IPRO/DMS's comments/suggestions were all taken into account and worked to be implemented upon receipt within the work plans of the following year.

When and how was this accomplished?
Any access to care concerns brought up through findings of our PIPs, IPRO/DMS comments, CAHPS results, Geo Access findings, etc were taken to our provider

IPRO Recommendation/ Aetna Better Health Response
networking departments where they constantly work to increase the number of doctors and specialists around the state. In terms of timeliness of care, this was a specific to several of our PIPs including Hospital Readmissions, Improving Postpartum Care, ADHD (in terms of the Initial Phase) and our newest proposal in 2016 regarding Follow up Visits for Mental Health Purposes. In each PIP, the Quality team met with multiple departments to create new processes and materials to assist in meeting each PIPs specific timeframe needs. For example, for the Postpartum Care PIP our HEDIS team developed a calendar/tool for our staff as well as for provider offices where you would find today's date and the tool would provide the specific date range needed for the follow up visit occurring within 21–56 days. Interventions, barriers, and new educational materials and current process measures are all included on our annual evaluation but through our regular correspondence and feedback with IPRO/DMS since the CAP in 2015 we feel much better that we are all on the same page in tracking our progress. Outcome and Monitoring: Access is monitored mainly through Geo Access reporting, but also through demographic breakdowns that we do for every PIP. These breakdowns will show issues if specific regions routinely fall behind others in terms of compliance. For timeliness of care, the PIPs where specific dates for follow ups are found in the following HEDIS measures: · Hospital Readmission – Plan All Cause Readmission HEDIS Measure (PCR) · Improving Postpartum Care – Prenatal Postpartum Care HEDIS Measure (PPC) · ADHD – Follow-Up Care for Children Prescribed ADHD Medication Description HEDIS Measure (ADD) · Improving Follow up Visits for Mental Health Purposes – Follow-Up After Hospitalization for Mental Illness HEDIS Measure (FUH) Future Actions/Plans: Aetna will continue to work with all departments in improving our access to care as well as timeliness of care. In 2017, the PIPs that will continue as active PIPs include Improving Postpartum Care and Improving Follow up Visits for Mental Health Purposes. The ADHD PIP technically ended on December 31, 2016 but this will be kept on as a focus study so we can continue our progress. Aetna received a final score of 90.5% on our Hospital Readmissions PIP in 2016 and the implementations made during that PIP have become standard practice in order to provide sustainability on this important topic. Feedback has been received on all 8 of our PIPs from IPRO/DMS and in several cases we have responded with improvements (Prenatal Smoking Proposal and Improving Postpartum Care). We are currently continuing our work on all of our PIPs after review of the feedback from IPRO/DMS, look forward to having a successful HEDIS season and to continuing our monthly calls with IPRO/DMS in order to provide the best reports possible on September 1, 2017.

Table 60: Anthem BCBS Medicaid Response to Recommendations Issued in 2016 Technical Report

IPRO Recommendation/ Anthem BCBS Medicaid Response
IPRO Recommendation: In the domain of quality, IPRO recommends that Anthem BCBS Medicaid: *Address areas of less than full compliance for all review domains, particularly those with a large number of elements requiring corrective action.* *IPRO Compliance Recommendation (1):* Anthem should ensure that the MCO conducts and documents analysis of available data; presentation to and review of QI activities to by the Kentucky health MCO committees; development and implementation of interventions for improvement and re-evaluation to assess for improvement. This analysis of available data should not be delayed awaiting a second year of data to be reported. *MCO Response:* Initial Plan of Action: QMC Schedule is set and in process with the first meeting being held 3/31/16 When and how was this accomplished? QMC 2016 schedule set and meetings began 3/31/16 Outcome and Monitoring: There were 6 QMC meetings in 2016 with review of outcomes and data and development of interventions. For example: 1. In order of ensuring our member's cultural and linguistic needs are met, population analysis and provider network language spoken are assessed annually and reported on report 85. To ensure ongoing monitoring, a MHC specific program description and Work plan was established and reviewed within the QMC. 2. Cervical Cancer Screening HEDIS rates are well below the NCQA 10th percentile and identified as an area needing focus. The HEDIS report indicating final rates was taken to QMC and discussed. Ultimately a PIP was developed and submitted to the department in 2016 to address this low rate. 3. Results from the CAHPS survey indicated access could be an issue for particularly our child population. In an effort to gather more information surrounding access and why members may not be utilizing health care benefits a survey was created and has been submitted through our internal approval process. These results were taken to QMC and discussed as well as collaborative workgroups with the Maryland plan to assist with development Future Actions/Plans: Continue with committee reporting and development of initiatives where outcomes are found to be less than goal. …… *IPRO Compliance Recommendation (2):* (Combining related recommendations regarding QMAC meetings) · Anthem should continue efforts to recruit MCO members to participate in the QMAC, ensure that QMAC meetings are held as required, ensure that the QMAC fulfills required functions per the contract and the committee description, and ensure that relevant components of the QAPI program are developed with consideration of member input and · Anthem should ensure that recruitment of members for the QMAC is conducted as planned and that the committee fulfills its required functions. · QMAC meeting should be held quarterly as intended as per QM PD, Appendix A, Kentucky Health Plan Committee Structure, QMAC. · If MCO members are recruited, an updated list of QMAC members should be submitted to DMS. As noted in the contract, Member participation may be excused by the Department upon a showing by Contractor of good faith efforts to obtain Member participation. Anthem should document recruitment efforts to engage Members in the QMAC. *MCO Response:* Initial Plan of Action: · A new written member invitation was drafted for 2016 and submitted for approval (approved by DMS). · Submitted and approved by DMS, the invitation is sent to 100 random members within the region identified for the QMAC meeting. · Members who are still enrolled with Anthem and previously filed a grievance of any type receive a personal invitation.

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- Any advocates or community leaders who attended meetings in 2015 receive an invitation for the corresponding region meeting scheduled in 2016.
- Our Community Relations staff continue to send fliers to member advocates within the regions and encourage those advocates to invite members.
- Meetings will be held: Jan–Mar: region 6, region 5
  Apr–Jun: region 8, region 3
  Jul–Sep: region 1, region 7
  Oct–Dec: region 4, region 2

When and how was this accomplished? 8 QMAC meetings were conducted in 2016; 1 in each region.
Outcome and Monitoring: There continues to be very low member turnout even though hundreds of invitations are mailed out for each meeting.
Future Actions/Plans: Anthem will reevaluate the approach of 1 meeting in each region for 2017 and look at holding meetings at the health plan. For Q1 2017 the same approach as above will be followed.

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IPRO Compliance Recommendation (3): Anthem should ensure that data systems can be reliably queried to identify member and other data for external and internal quality improvement reviews and initiatives.

MCO Response:
Initial Plan of Action: Plan Sr. leadership has conducted numerous meetings with enterprise reporting regarding the need for additional quality checks with regards to datasets associated with reports. All datasets will be saved at the time the report is produced to insure validation is and can be completed.
When and how was this accomplished? Q4 2015 – datasets are saved in enterprise reporting files associated with reports.
Outcome and Monitoring: As a result of the 2016 Annual Compliance audit finding meetings took place with corporate Enterprise Reporting to discuss data integrity. Due to this meeting it was established that member level files and datasets would be present and available with each report produced by enterprise reporting (example CMS-416). It was further established that is would be the responsibility of the business owner of the report at the plan to retrieve those files and store them on the plan drive for future usage.
Future Actions/Plans: Continue validation of reports produced by enterprise reporting at the time of receipt.

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IPRO Compliance Recommendation (4): Anthem should inform QM and QIC committees of EQR findings as planned, and engage quality committees in strategies to address findings.

MCO Response:
Initial Plan of Action: QMC Schedule is set and in process with the first meeting being held 3/31/16
When and how was this accomplished? QMC schedule set and meetings began 3/31/16
Outcome and Monitoring : The EQR findings were reported to QIC and QMC in 2016 as noted in committee minutes made available to the EQR
Future Actions/Plans: The 2017 QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and is to be presented at the first QMC meeting of 2017. EQRO findings and updates will be reviewed semiannually.

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IPRO Recommendation (5): Anthem should ensure that the results of the External Quality Review (EQR) are incorporated into the QAPI program and improvement demonstrated.

MCO Response:

IPRO Recommendation/ Anthem BCBS Medicaid Response
Initial Plan of Action: QMC Schedule is set and in process with the first meeting being held 3/31/16 When and how was this accomplished? The EQR findings were reported to QIC and QMC in 2016 as noted in committee minutes made available to the EQR Outcome and Monitoring: Improvements noted due to reporting at the QIC and QMC: Policy updates through-out various tools as a result of EQR results. HEDIS improvements and CAHPS improvements. Future Actions/Plans: The 2017 QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and is to be presented at the first QMC meeting of 2017. EQRO findings and updates will be reviewed semiannually. …… *IPRO Compliance Recommendation (6):* Since the Quality Program impacts multiple departments in the MCO, it is essential that the local MCO QM Committee members approve the Work Plan for which they are responsible. Improvement interventions and progress are not documented in the Work Plan. *MCO Response:* Initial Plan of Action: QMC Schedule is set and in process with the first meeting being held 3/31/16. The work QAPI documents are to be approved by the committee. When and how was this accomplished? QMC approved the following: 3/31/16 Quality Program Description and Work Plan. MAC approved the following: 6/29/16 Quality Program Description and Work Plan. Outcome and Monitoring: The Quality Program Description and Work Plan were approved by the health plan QMC and MAC committees. In addition, these documents were presented to the corporate QIC and the Board of Directors in 2016. Future Actions/Plans: The 2017 QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and is to be presented at the first QMC meeting of 2017. The Work plan will be reviewed quarterly with updates that are reported to DMS. …… *IPRO Compliance Recommendation (7):* The MCO should ensure that the QMC meets regularly as described in the QM Program Description (PD) to ensure ongoing evaluation of the quality of care provided to members. There was no documented detailed discussion of the MCO's QM Program Description or QAPI Work Plan and quality of care provided to members in the QIC minutes, although documents were approved by the QIC. *MCO Response:* Initial Plan of Action: QMC Schedule is set and in process with the first meeting being held 3/31/16 When and how was this accomplished? QMC schedule set and meetings began 3/31/16 Outcome and Monitoring: There were 6 QMC meetings held in 2016. The Program Description and Work Plan were introduced and approved on 3/31/26 Future Actions/Plans: The 2017 QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and is to be presented at the first QMC meeting of 2017. …… *IPRO Recommendation (8):* (Combining several related recommendations regarding QMC meetings) · The MCO should ensure regular, ongoing QMC meetings in order to provide sufficient oversight of the Quality Management Program and activities, including a review of progress on quality management objectives and improvements. · This should include modifications to the QAPI program on an ongoing basis to accommodate review findings and issues of concern within the organization, such as trends identified, sentinel events, etc. · The MCO should ensure regular, ongoing QMC meetings in order to implement the integration of multiple department activities across the MCO into the

QAPI Program as described in MCO documents.

- The MCO should ensure that multidisciplinary teams evaluate and address Kentucky-specific data and systems issues. Anthem should ensure that meeting minutes show evidence of ongoing analysis, monitoring and surveillance of available data to identify opportunities for improvement, performing barrier analysis, and addressing findings and developing interventions.

MCO Response:
Initial Plan of Action: QMC Schedule is set and in process with the first meeting being held 3/31/16
When and how was this accomplished? QMC schedule set and meetings began 3/31/16
Outcome and Monitoring: There were 6 QMC meetings in 2017 wherein reporting on areas needing improvement were reviewed as well as reporting on areas showing improvement such as HEDIS and CAHPS year over year reports and reports on outcomes, trending, grievances, appeals, network adequacy, member surveys for BH and CM satisfaction, etc. All was captured in meeting minutes and provided to the EQRO.
Grievance and Appeals Reports were presented and reviewed. Workgroups were established with QM, HCMS, PR and the Medical Director to review specific G&A trends.
Future Actions/Plans: The 2017 QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and is to be presented at the first QMC meeting of 2017. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS. Grievance and Appeals reports to include sentinel events will be reviewed and trends discussed as well as network adequacy, provider services and risks will be reviewed and trends discussed.

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IPRO Compliance Recommendation (9): Anthem should ensure inclusion of participating providers of various medical disciplines relevant to the MCO membership as well as representatives of participating facilities and those with expertise with ISHCN in committee structure. The MCO should ensure that the QMC meets regularly and its QMC membership represents a multidisciplinary team.

MCO Response:
Initial Plan of Action: QMC Schedule is set and in process with the first meeting being held 3/31/16. Members of the QMC include:

Celia Manlove	Plan President, Chair
Dr. Peter Thurman	Plan Medical Director, Co-Chair
David Crowley	Plan Behavioral Health Manager
Kim Grifasi	Plan Quality Management Director
Vicki Meska	Plan Medical Management Director
Jennifer Ecleberry	Plan Provider Solutions Director
Rhonda Petr	Plan Marketing and Outreach Director
Jeremy Randall	Plan Operations Director
Dr. Bill Wood	Regional BH Medical Director

The MAC committee is comprised of providers of various medical disciplines and reports up to the QMC. The provider specialties include ENT, Orthopedics, Family Medicine (including children), OB/GYN, BH
When and how was this accomplished? QMC schedule set and meetings began 3/31/16
Outcome and Monitoring – 6 QMC meetings in 2016 and 4 MAC meetings in 2016
Future Actions/Plans: The QMC and MAC committees will continue meeting no less than quarterly in 2017.

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IPRO Recommendation/ Anthem BCBS Medicaid Response

IPRO Compliance Recommendation (10): Anthem should ensure that monitoring of providers for compliance with guidelines is implemented in 2016. Monitoring of compliance with guidelines in an area that has been identified as an opportunity for improvement should be considered.

MCO Response:
Initial Plan of Action: Development of an initiative to increase the percentage of members with a diabetes diagnosis obtaining a retinal eye exam. This was initiated due to low compliance with the Diabetes measure
When and how was this accomplished?

1. Anthem-directed provider outreach efforts are continuous and ongoing and consists of provider mailings, provider newsletters, on-site visits, and chart audits to verify data.
2. There was collaboration with the vision vendor (Eye quest) to conduct outreach to members to educate them on the importance of a retinal eye exam.

Outcome and Monitoring: HEDIS 2015 and HEDIS 2016 rates for eye exams were compared, the rate rose 2% points.
Future Actions/Plans: Annual medical record reviews will be conducted to identify compliance with CPGs. HEDIS outcomes are monitored monthly to identify gaps in care and provider non-compliance with CPGs.

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IPRO Compliance Recommendation (11): The MCO should submit Mental Health and Substance Abuse practice guidelines to the Department and DBHDID as per guidelines.

MCO Response:
Initial Plan of Action: BH CPGs are forwarded to DMS (specifically Corey Kennedy and Stephanie Bates). Stephanie Bates has confirmed on 4/14/16 via email to regulatory that she will be responsible for forwarding the CPGs to DBHDID.
When and how was this accomplished? The BH CPGs were forwarded to DMS during 2016 per Stephanie Bates' instructions. DMS then forwards to DBHDID.
Outcome and Monitoring: Will keep tracking record of submission of BH CPGs to DMS
Future Actions/Plans: Continue to follow the process outlined per DMS.

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IPRO Compliance Recommendation (12): Decisions with respect to UM, member education, covered services, and other areas to which the practice guidelines apply shall be consistent with the guidelines. Anthem should ensure that Kentucky- specific requirements are added to the Policy and Procedure, Development of Marketing and Member Communications.

MCO Response:
Initial Plan of Action: Kentucky specific requirement language has been added to the policy Development of Marketing and Management Communications and submitted for review. Once approved, this will be forwarded to DMS.
When and how was this accomplished? After looking closely at the requirement, it was determined a separate policy did meet this requirement. Policy: Clinical Criteria for Utilization Management Decisions Core Process was submitted to IPRO as evidence in the 2017 review.
Outcome and Monitoring – Clinical Criteria for Utilization Management Decisions Core Process satisfies this requirement therefore the Marketing and Member communications policy did not need to be revised.
Future Actions/Plans – none

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IPRO Compliance Recommendation (13): Anthem should identify measures with opportunity for improvement when results are available in 2016, and implement strategies for improvement to ensure progress toward goals.

IPRO Recommendation/ Anthem BCBS Medicaid Response
MCO Response: Initial Plan of Action: Anthem will identify measures with low quality scores once rates are available in 2016. From that analysis improvement strategies will be put in place. When and how was this accomplished? HEDIS 2015 rates were compared against HEDIS 2016 rates. This report was presented at the QMC as well as the MAC in 2016 Outcome and Monitoring: Specific HEDIS measures falling well below the 50% NCQA percentile were selected for interventions during the QMC meeting. Once measure was selected for a PIP. Monthly trending reports are monitored for HEDIS rates of all selected measures. Future Actions/Plans: Annual HEDIS rate trending reports will monitor the success of the interventions. Once HEDSI 2017 rates are finalized, any improvement will be analyzed. ……. *IPRO Compliance Recommendation (14):* The MCO should ensure that Provider satisfaction surveys are conducted annually and should ensure submission of provider satisfaction survey instruments to DMS. *MCO Response:* Initial Plan of Action: Annual Provider Satisfaction Surveys are conducted. When and how was this accomplished? 2015 Provider Survey: Initial Mailing 9/29/15 Follow-up mailing 10/20/15 Follow-up phone calls 11/10-20/15 Results received January 2016 from vendor, DSS Research; reported to DMS 3/30/16 2016 Provider Survey: The 2016 provider satisfaction survey will be conducted during the timeframe of July 21, 2016 – September 12, 2016. The survey tool will be filed with DMS for approval and the survey results will be shared with DMS upon availability. Outcome and Monitoring: The 2016 Provider Satisfaction survey was conducted with results received from DSS Research in November 2016 Future Actions/Plans: Continue annual surveys with submission of the tool to DMS prior to the survey and the result once received.
IPRO Recommendation: *Develop and implement quality improvement interventions to address HEDIS and Healthy Kentuckian measures that underperformed the NCQA national average and the Kentucky statewide average, respectively.* *MCO Response:* Initial Plan of Action: Anthem will identify measures with low quality scores once rates are available in 2016. From that analysis improvement strategies will be put in place. When and how was this accomplished? HEDIS 2015 rates were compared against HEDIS 2016 rates. This report was presented at the QMC as well as the MAC in 2016. Outcome and Monitoring: Specific HEDIS measures falling well below the 50% NCQA percentile were selected for interventions during the QMC meeting. Once measure was selected for a PIP. Monthly trending reports are monitored for HEDIS rates of all selected measures.

IPRO Recommendation/ Anthem BCBS Medicaid Response
Future Actions/Plans: Annual HEDIS rate trending reports will monitor the success of the interventions. Once HEDSI 2017 rates are finalized, any improvement will be analyzed.
IPRO Recommendation: *For the PIP to improve appropriate antipsychotic use in children and adolescents, pending baseline data, the MCO can analyze claims data, e.g., members receiving multiple, concurrent antipsychotics; most common provider type among prescribers; geographic patterns; as well as provider network data to determine if there are access and availability issues for behavioral health services.* *MCO Response:* Initial Plan of Action: Compiling a list of members in each of the BH measures and capturing claims data for further review. Claims were examined to gather information such as the prescribing provider, the most widely prescribed antipsychotic medications used in children and adolescents, and regional variances based on services. Furthermore, the initial plan of action included an emphasis on provider education as a prerequisite to successfully improving measures included in this PIP. When and how was this accomplished? This was originally accomplished within a six month time period following approval of the PIP. Claims data was examined, and medical records for these members were requested to accommodate further evaluation of the medical care of the children and adolescents on antipsychotics medications. Claims analysis and medical record review has been ongoing throughout the PIP process. In a Geo Access report produced in October 2016, there were no gaps identified for rural or urban members, and access and availability requirements were met for Behavioral Health Providers, with a total of 2,764 providers in 1,108 unique locations. Additionally, in a December 2016 After Hours Survey, a score of 100% was earned in the areas of good access and satisfaction with services. To further strengthen provider knowledge of the measures associated with this PIP, a tri-fold color brochure highlighting BH measures, and the requirements of each was developed and distributed to over 3,300 providers. This distribution was completed in Q3-2016. Outcome and Monitoring: The population growth specific to members in this PIP has been slow to develop, enabling a smaller populace of members to be identified and tracked, allowing for closer monitoring of those members. Rates for selected measures are reported to the health plan on a monthly basis; rates are then analyzed for signs of improvement or decline and discussed with a PIP workgroup for development of additional interventions. Future Actions/Plans – In light of a newly appointed Behavioral Health Director at the health plan, collaborative efforts will continue and efforts will be guided by continue evaluation of the members in these measures, and the corresponding rates. A further increase of BH Case Manager involvement with these members will be emphasized in the upcoming year.
IPRO Recommendation: *In the domain of access to/timeliness of care, IPRO recommends that Anthem BCBS Medicaid:* *Address areas of less than full compliance for all review domains, particularly for Health Risk Assessment, which scored minimal compliance and the domains with the largest number of elements requiring corrective action.* *IPRO Compliance Recommendation(1):* (Combining several related recommendations regarding Access and Availability Policy and Procedure) · The draft Policy and Procedure- Access and Availability-KY addressing this requirement should be finalized and implemented. In addition, Anthem should provide evidence of monitoring compliance with this requirement. The revised report parameters for the quarterly Geo Access reports should be implemented to include all participating specialties.

IPRO Recommendation/ Anthem BCBS Medicaid Response

- In addition to any Community Mental Health Center or Local Health Department which the Contractor has in its network, the Contractor shall include in its network Mental Health and Substance Abuse providers for both adults and children in no fewer number than fifty (50%) percent of the Mental Health and Substance Abuse providers enrolled in the Medicaid program by Medicaid Region
- The Department shall notify the Contractor and all other MCOs on contract with the Department when more than five (5%) percent of Emergency Room visits in a Medicaid Region, in a rolling three (3) month period, are determined to be a non-emergent visit. The Contractor shall provide sufficient alternate sites for twenty-four (24) hour care and appropriate incentives to Members to reduce unnecessary Emergency Room visits so that the determination of non-emergent visits are reduced to no more than two (2%) percent in a rolling three (3) month period for that Medicaid Region. The Contractor and all other MCOs shall provide such alternate sites or incentives based upon the number of their respective members in the Medicaid Region

MCO Response:
Initial Plan of Action: The Access and Availability policy is to be revised to include the requirement of the enrollment of at least 25% of specialists enrolled in DMS's Fee For Service program by region. The Geo Access report parameters are to be revised to include all participating specialties. Anthem will develop a policy outlining the process for member outreach and education on alternatives to the Emergency Room.
When and how was this accomplished? The Access and Availability Policy has been revised to address the requirement and the finalized version was filed to DMS on 12/31/16. The Geo Access report programming is currently being revised to include all participating specialties and will be complete by second Quarter 2016.
We have worked with DMS on obtaining clarification on the requirement to offer sufficient alternate sites for 24 hour care and appropriate incentives to members to reduce unnecessary Emergency Room visits. The policy for member outreach and education has been drafted and is in the internal approval process. It will be submitted to DMS.
Outcome and Monitoring: A new report is in development to monitor the requirement to enroll at least 25% of the specialists in the DMS Fee for Service program. It was put into production in November 2016. DMS has clarified that Telehealth does not meet this requirement. In Kentucky, there are no 24 hour urgent care centers. We continue to work with DMS on other available alternatives.
The revised Access and Availability policy was submitted to DMS on 12/31/16.
Future Actions/Plans: The monitoring report will allow us to determine the specialties where we are falling short of the 25% requirement and we will actively work to recruit providers of those specialties. The annual report due in 2016 will include all participating specialties.
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IPRO Compliance Recommendation (2): (Combining several related recommendations regarding HRA Policy and Procedure)

- The MCO should ensure that members in need of a PCP or assistance with other issues, such as substance use, as per HRA responses are identified and assisted. The procedure for identifying members with these needs, including needs indicated on mailed-in HRAs, should be included in policies and procedures.
- The Contractor shall conduct initial health screening assessments including mental health and substance use disorders screenings, of new Members who have not been enrolled in the prior twelve (12) month period, for the purpose of assessing the Member's needs within ninety (90) days of Enrollment.
- The MCO should ensure timely outreach (prior to 90 days) to facilitate timely HRA completion. To identify barriers to timely completion of HRAs, it would be helpful to document outreach timeframes for completed HRAs to evaluate whether earlier outreach results in more timely completion. Similarly, tracking of refusals would allow for better evaluation of completion rates to inform improvement initiatives.
- Anthem should ensure that issues identified in submitted HRAs are addressed or further assessed. The MCO should ensure that there is a mechanism to document referral to or contact by case management so that appropriate follow up is ensured. Members shall be offered assistance in arranging an

initial visit to their PCP for a baseline medical assessment and other preventive services, including an assessment or screening of the Members potential risk, if any, for specific diseases or conditions, including substance use and mental health disorders.

- Members indicating an issue with their PCP on the HRA, regardless of how the HRA is submitted, should have follow up for their concerns.

MCO Response:

Initial Plan of Action:

- The Health Risk Assessment (HRA) policy is approved and has been implemented. The finalized policy including all IPRO suggestions was submitted to DMS in February 2016 with our corrective action response to the 2015 audit.
- The Health Risk Assessment (HRA) policy addresses the HRA timeframes, which are outreach within the first week of receipt by the Plan of the 834 Enrollment File, with the mailing of a paper HRA that the member is instructed to complete and return in the pre-paid mailer. As each HRA is returned to the Plan, it is entered into the Case Management System. Within 30 days after enrollment, a file is created of all new enrollees without an HRA in the system; the file goes to an external vendor who then proceeds to make IVR calls to the members.
- If a pregnant member is identified by the enrollment file, the same process occurs. In addition, if a member is identified by the enrollment file, on the HRA, via claim review or personal notification as pregnant, then our maternal outreach vendor begins outreach with a much more detailed prenatal High Risk OB screener. Depending upon the member's answers regarding prenatal history, current conditions or issues with this pregnancy, the member is automatically sent to either an "Urgent" or "High" OB queue; from that queue the OB Case Manager makes contact attempts within 24 hours (Urgent) or 48 hours (High). This process has been implemented.

The HRA policy addresses member outreach for HRA completion and the process has been implemented. Date of Implementation: 7/1/2015

When and how was this accomplished?

- The policy was updated with the recommendations and approved in July 2015. It was submitted to DMS as noted above.
- The policy includes language that is specific regarding timeframes for notifying the member of the need to complete an HRA (Member Welcome Packet) and mailing the HRA to each new member, as well as the initiation of the IVR member contact to complete the HRA.
- A revised HRA, implemented on July 1, 2016, offers assistance to members in making the first PCP appointment.
- Along with the more specific questions, the HRA triage logic was updated to triage referrals to the original and additional Case Management queues, including Care Coordination for members with need for community resources to address social issues, and a queue specifically for members who state that they have considered quitting tobacco where a member will be sent information about accessing Quit Now Kentucky quit line.

Outcome and Monitoring: The HRA has been revised to reflect the language: "A question on the HRA asks if the member would like assistance with making their initial appointment with their PCP."

- All members are offered assistance to make an initial appointment with their PCP by means of the revised HRA, regardless of the means by which it is completed.
- If that question is answered "yes" the member queues to the Case Management system in the Care Coordination queue. A Specialist then attempts to call the member and assist with making an appointment with the PCP.
- We have mailed over 1000 Quit Now fact sheets since the implementation of the Quit Line queue.

Future Actions/Plans: Anthem will continue to monitor the HRA process from the time of enrollment through completion. New reports are being developed to capture dates which reflect the process, such as enrollment, mailing date of the New Member Packet and mailing date of the HRA. Plans also include looking in

IPRO Recommendation/ Anthem BCBS Medicaid Response
to centralized optical scanning of all paper HRA's to expedite the queuing of members with need for outreach and intervention. In addition, there is now a workgroup forming with DMS to develop a universal HRA for all MCO's to utilize.

Table 61: Humana-CareSource Response to Recommendations Issued in 2016 Technical Report

IPRO Recommendation/ Humana-CareSource Response
IPRO Recommendation: In the domain of quality, IPRO recommends that Humana-CareSource: *Maintain current level of performance for compliance domains that achieved full compliance, strive for full compliance for the remaining domains.* *MCO Response:* Initial Plan of Action: One substantial compliance was noted in the area of "documentation of all member input; response: conduct of performance improvement activities; and feedback to members" during RY 2016 Audit with the recommendation that Humana-CareSource includes documentation of all member input in the 2016 QI Program Description and the 2016 Quality Member Assessment Committee (QMAC) Charter. When and how was this accomplished? Both documents with recommended changes were presented to and approved by QMAC on 2/25/2016 and the Quality Assessment Committee on 3/7/2016. Outcome and Monitoring: The recommendation will be included in the documents in future version. Future Actions/Plans: The recommendation will be included in the documents in future version.
IPRO Recommendation: *Work to improve rates for HEDIS Effectiveness of Care measures that were below the NCQA national averages, with particular attention to the metrics for preventive and screening and care for diabetes.* *MCO Response:* Initial Plan of Action: A comprehensive HEDIS improvement plan was put into place and activities related to improving these rates were included in the QI work plan. When and how was this accomplished? – Specific interventions around preventive screening and diabetes care were developed in 2016. These included: · Implementation of the Clinical Practice Registry (CPR) that allows providers to see gaps in care for their members related to preventive screenings and other HEDIS measures (Provider engagement representatives to continue to provide provider training on access to the CPR); · Identification of members with care gaps with a prompt screen on Humana-CareSource EMR system to remind care managers to address the gaps (noncompliant measures) during interaction with members; · Utilization of a certified Diabetes educator to provide diabetes education and disease management; · Diabetes Disease Management curriculum based member education mailed to members with diabetes; · Member Newsletter articles on Diabetes Care and Control were mailed; · Provider Newsletter articles on Diabetes Screening and follow-up care were mailed; and · Implementation of a 3-year Performance Improvement Project (PIP) to improve HEDIS diabetes care measures. Outcome and Monitoring: A monthly HEDIS dashboard report has been generated to measure progress of member compliance with HEDIS measures. A newly developed process from PIP was proven to be effective as evidenced by $p < 0.05$ and achieving rates above the national benchmark 90th percentile. Humana-CareSource will continue to evaluate the progress and make adjustment in interventions.

IPRO Recommendation/ Humana-CareSource Response
Future Actions/Plans: Continue to monitor the progress and make adjustments for better outcomes.
IPRO Recommendation: *Based on the Child CAHPS 5.0H results, conduct a root-cause analysis to determine the reasons for lack of member/parent satisfaction and initiate interventions directed toward improvement.* *MCO Response:* Initial Plan of Action: A comprehensive CAHPS improvement plan was put into place and activities related to improving these rates were outlined and included in the QI work plan. When and how was this accomplished? A multidisciplinary team reviewed the CAHPS results and identified opportunities to improve member experiences in 2016. The interventions include: · Workgroup reviewing 'Find a Doc' tool functionality for enhancements and improvement; · Provider network gap analysis presented to Humana-CareSource QAC for review and discussion, no gaps noted in Q3 and Q4 2016; · Provider engagement representatives to reach out to providers to discuss access and availability issues for children and adults; and · Action plan in place based on Secret Shopper Survey results (Access and Availability). Outcome and Monitoring: The work group meets on a regular basis to discuss the progress. Future Actions/Plans: Continue to monitor the progress and develop appropriate interventions.
IPRO Recommendation: *Continue to conduct interventions directed at improving HK measure rates, for the Prenatal Screening/Counseling measures in particular.* *MCO Response:* Initial Plan of Action: HK measure rates were reviewed and plans/interventions were developed to increase the rates. Activities related to improving these rates were included in the QI work plan. When and how was this accomplished? Specific interventions developed and in place in 2016 included: · Medical record review for compliance with Clinical Practice Guidelines (CPG) for Postpartum depression screening and family planning was completed; · PIP proposal on smoking cessation among pregnant members was drafted and submitted to KDMS; and · Member Newsletter articles related to screening and pregnancy care. Outcome and Monitoring: Follow up with providers noncompliant with CPGs will be completed by Provider engagement representatives upon KDMS approval of provider materials. PIP proposal smoking cessation was approved by KDMS with effective date of 1/2017. Future Actions/Plans: Continue to educate providers who were non-compliant with CPG requirements. PIP will be implemented and evaluated as proposed.
IPRO Recommendation: In the domain of access to/timeliness of care, IPRO recommends that Humana-CareSource: *Address any areas of less than full compliance with special attention to few elements that require corrective action.*

MCO Response:
Humana-CareSource received 6 items that were below Full Compliance in the 2016 IPRO Annual Audit regarding Access/Timeliness.

Initial Plan of Action (1):
One substantial compliance finding was noted in the area of "In addition to any Community Mental Health Center or Local Health Department which the Contractor has in its network, the Contractor shall include in its network Mental Health and Substance Abuse providers for both adults and children in no fewer number than fifty (50%) percent of the Mental Health and Substance Abuse providers enrolled in the Medicaid program by Medicaid Region to provide out-patient, intensive out-patient, substance abuse residential, case management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services. In the event there are less than five (5) qualified Mental Health and Substance Abuse providers for both adults and children in a particular Medicaid Region, the fifty (50%) percent shall not apply to that Medicaid Region." during RY 2016 Audit with the recommendation that Humana-CareSource should implement the finalized policy .

When and how was this accomplished? The Policy was submitted to the Policy and Procedure Committee and the policy was updated in December 2016.

Outcome and Monitoring: The Policy is reviewed annually for updates.

Future Actions/Plans: Updates to the policy will occur during the annual review period.

Initial Plan of Action (2):
One substantial compliance finding was noted in the area of "All information shall be provided to the Member in a confidential manner. Appointments for counseling and medical services shall be available as soon as possible with in a maximum of 30 days. If it is not possible to provide complete medical services to Members less than 18 years of age on short notice, counseling and a medical appointment shall be provided right away preferably within 10 days. Adolescents in particular shall be assured that Family Planning Services are confidential and that any necessary follow-up will assure the Member's privacy." during RY 2016 Audit with the recommendation that Humana-CareSource should revise the Member Handbook to include the appointment timeframes for counseling and medical services. The final Provider Manual should be provided for next year's compliance review. The draft Network Operations Voluntary Family Planning Services policy should be finalized.

When and how was this accomplished?
The Member Handbook includes the appointment timeframes it was added to page 38 in the June 21, 2016 version of the member handbook. The updated 2016 Provider Manual was provided during the pre-onsite documentation on December 6, 2016 to IPRO. The Policy NO-32 was sent to the Policy and Procedure Committee and the policy was released in January 2016.

Outcome and Monitoring: The Member Handbook, Provider Manual, and Policy is reviewed annually for updates.

Future Actions/Plans: The counseling timeframes are in the 2017 Member Handbook on p. 40, https://www.caresource.com/documents/ky-member-handbook/. Updates to the policy will occur during the annual review period.

Initial Plan of Action(3):

IPRO Recommendation/ Humana-CareSource Response
One Minimal compliance finding was noted in the area of "K. Any Indian enrolled with the Contractor eligible to receive services from a participating I/T/U provider or a I/T/U primary care provider shall be allowed to receive services from that provider if part of Contractor's network" during RY 2016 Audit with the recommendation that Humana-CareSource should update the Member Handbook should be updated to address this requirement. When and how was this accomplished? The requirement was added to the Member Handbook that was approved on October 30, 2015 version the requirement was on p. 67. The auditors were provided a copy of the handbook during the onsite on January 15, 2016. Outcome and Monitoring: The member handbook is reviewed annually and updated accordingly. Future Actions/Plans: The current member handbook has this requirement on p. 71 https://www.caresource.com/documents/ky-member-handbook/. Initial Plan of Action(4): One Minimal compliance finding was noted in the area of "K. All hand-written or computer generated/printed Medicaid prescriptions shall require at least one (1) approved tamper-resistant feature to prevent copying; modification or erasure; or counterfeiting. This requirement does not pertain to prescriptions received by fax, telephone, or electronically; and" during RY 2016 Audit with the recommendation that Humana-CareSource should implement the Pharmacy Director's Plan of Action including sending a quarterly newsletter to targeted pharmacies in Kentucky with a list of the approved resistant tamper-resistant features. Pharmacy Director stated that the newsletter would include all 5 tamper resistant features as addressed in the Pharmacy Board's Standard of Practice. Some examples include: Watermark that shows up during copy; duplicate and triplicate forms, and tamper resistant prescription pads. When and how was this accomplished? Humana-CareSource determined that an update to the Provider Manual and a fax blast notification was the best way to communicate this requirement to providers. The tamper resistant language is on p. 73 (12.3) of the Provider Manual that was approved on November 28, 2016 https://www.caresource.com/documents/ky-medicaid-health-partner-manual/. Based upon the onsite interview with IPRO, Humana-CareSource has worked in collaboration with Robert McFalls, Executive Director of the Kentucky Pharmacist Association, to develop a reminder notice about the Federal and State requirements pertaining to Tamper Resistant prescriptions. Instead of the quarterly newsletter the notification was in the form of a fax blast network notification. The notice was faxed to Humana-CareSource Pharmacies in Kentucky on February 15, 2016. The fax blast can be found here https://www.caresource.com/providers/kentucky/medicaid/plan-resources/updates-and-announcements/ it was posted on May 23, 2016. Outcome and Monitoring: The Provider Manual is posted and reviewed annually and the fax blast communication can be found on the CareSource website. Future Actions/Plans: The tamper resistant language was removed from the MCO contract with the state, however, the fax blast will remain on the website for provider education. Initial Plan of Action(5): One substantial compliance finding was noted in the area of "The Contractor shall develop policies and procedures and provide to the Department for approval regarding clinical coordination between Behavioral Health Service Providers and PCPs." during RY 2016 Audit with the recommendation that Humana-CareSource should implement its plan to ensure that documentation clearly indicates that behavioral and physical health needs were addressed for members at all tiers of case management.

When and how was this accomplished?
For the 2017 Annual Audit Humana-CareSource and Beacon pulled the correct level of Case Management Cases.

Outcome and Monitoring: In March 2015, Beacon began to track all these cases monthly in order to ensure we did not have any issues moving forward. Beacon also pulled a list from 2014 for all cases. The correct cases were pulled as the sample for the onsite auditor to review.

Future Actions/Plans: For future audits the correct cases will be pulled for the case listings.

Initial Plan of Action (6):
One substantial compliance finding was noted in the area of "The Contractor shall submit to the Department on a quarterly basis the total number of Member Grievances and Appeals and their disposition. The report shall be in a format approved by the Department and shall include at least the following information:

A. Number of Grievances and Appeals, including expedited appeal requests;
B. Nature of Grievances and Appeals;
C. Resolution;
D. Timeframe for resolution; and
E. QAPI initiatives or administrative changes as a result of analysis of Grievances and Appeals."

During RY 2016 Audit it was recommended that Humana-CareSource should provide an explanation of the discrepancies reported in the quarterly desk audit reports for total number of grievances and appeals reported in the quantitative reports (#27 and #28) and the narrative report (#29). Issues identified in one quarter should be updated in subsequent quarters until resolved.

When and how was this accomplished?

- During 2016, there were significant updates and process improvements to the appeal and grievance quarterly reporting requirements. Prior to September 2015, the provider appeals and member appeals were managed by two separate business teams. The division of responsibilities and reporting led to inconsistent data in the reports.
- Grievance is educating both members and providers regarding the prior authorization process and timeframes once a request is received. Grievance is also educating members to present their Humana-CareSource ID card when receiving services, so the provider knows to bill Humana-CareSource and not Humana commercial. Grievance is also working closely with Pharmacy Assist regarding rejection codes for prescriber and pharmacy, and educating our members to see a provider and fill at a pharmacy that is with Kentucky Medicaid."
- The process is currently automated to ensure the reports are pulled from a consistent location and reviewed for accuracy using consistent quality validations. By combining the teams responsible for the reporting, there are increased opportunities for trending of data and performance improvement projects. This combination began in late 2015 and was completed in the first quarter of 2016 with additional process changes occurring throughout 2016.
- Humana-CareSource continued to provide education to members and providers through grievance resolution notices and when the member or providers contacted the call center throughout 2016. The Grievance and Appeals team continued to partner with the Health Partner Rep team to alert the rep to trends for specific providers. The HP Reps would contact the provider to discuss the identified trend and provide education. The education effort will continue to be a focus moving into 2017.

IPRO Recommendation/ Humana-CareSource Response
Outcome and Monitoring: G&A continues to monitor the volumes of grievances and appeals on a monthly basis and address trends as they are identified. The monitoring will be a continuous process for Humana-CareSource to ensure the best possible member and provider experience. Future Actions/Plans: Continued Education for members and provider as well as process and policy updates to streamline the G&A process for both members and provider are points of focus in 2017.
IPRO Recommendation: *Work to improve rates for HEDIS and HK measures that were below the NCQA national averages or the statewide aggregate rate, with particular attention on metrics for children and adolescent's access to PCPs, well-care visits, and dental care for both the general population and CSHCN as well as child member satisfaction with access to care.* *MCO Response:* Initial Plan of Action: HEDIS and HK measure rates were reviewed and plans/interventions were developed to improve the rates. Activities related to improving access to PCPs, well-care visit, and dental care rates were included in the QI work plan. (See Child CAHPS responses section above for Child member satisfaction with access to care recommendation). When and how was this accomplished? Specific interventions developed in 2016 included: Implementation of the Clinical Practice Registry (CPR) that allows providers to see gaps in care for their members related to preventive screenings and other HEDIS measures (Provider engagement representatives to continue to provide provider training on access to the CPR); · Identification of members with care gaps with a prompt screen on Humana-CareSource EMR system to remind care managers to address the gaps during interaction with members · Outreach by the EPSDT Coordinator to caregivers with reminder and assistance in scheduling well-care visits and dental care · Member Newsletter articles on well-care visits and dental care were mailed · Provider Newsletter articles on well-care visits and dental care were mailed · EPSDT tracker is under development for implementation in 2017. The tracker will automate reminders to caregivers and transition age youths of needed preventive care and · Quarterly review of provider network gap analysis by Humana-CareSource QAC for review and discussion, no gaps noted in Q4 2016. Outcome and Monitoring: · Continue to review provider network gap analysis quarterly by QAC · Continuous monitoring of monthly HEDIS dashboard reports to identify opportunities to improve the rates Future Actions/Plans: Explore or enhance options for member and provider incentives to promote preventive care
IPRO Recommendation: *Address performance in the areas of prenatal and postpartum care.* *MCO Response:* Initial Plan of Action – Continued to implement the interventions proposed in PIP postpartum care. When and how was this accomplished? The following proposed interventions were implemented in 2016:

IPRO Recommendation/ Humana-CareSource Response
· Member newsletter articles on prenatal/postpartum care were mailed out · Prenatal and postpartum booklets have been distributed to members · Provider newsletter article on prenatal/postpartum care were mailed out and · Perinatal case managers continue to review the Health Risk Assessment to identify barriers to care and specific needs of the pregnant member to decrease any barriers related to postpartum care. Outcome and Monitoring: A monthly HEDIS dashboard report was created and reviewed to measure progress towards members getting their prenatal and postpartum care. Future Actions/Plans: · Educational materials on preconception and inter-conception care for members were approved in 2016, in the process of distribution in Q1 2017. · Targeted mailing materials for adolescent pregnant members were approved by KDMS in 2016, in the process of distribution in Q1 2017.

Table 62: Passport Health Plan Response to Recommendations Issued in 2016 Technical Report

IPRO Recommendation/ Passport Health Plan Response
IPRO Recommendation: In the domain of quality, IPRO recommends that Passport Health Plan: *Focus efforts on rates for HEDIS measures that perform below the NCQA national average.* *MCO Response:* Initial Plan of Action: Passport Health Plan has numerous interventions to address all HEDIS measures, but since the release of this report, we have a renewed focus on HEDIS measures that fall below the NCQA national average. Passport Health Plan conducts ongoing analysis of rates and interventions to evaluate the effectiveness of current interventions and whether alternative strategies should be implemented. The following measures were identified as falling below the 2016 Quality Compass Mean: · AWC (Admin) · CDC HbA1c Testing (Hybrid) · CDC HbA1c Poor Control >9.0% (Hybrid, lower better) · CDC HbA1c Good Control <8.0% (Hybrid) · CDC DRE Exams (Hybrid) · CDC BP Control <140/90 (Hybrid) · CBP (Hybrid) · AAB (Admin) · ART (Admin) · LBP (Admin) · AAP Total (Admin) · MSC (Admin) · FVA (Admin) When and how was this accomplished? At the close of the HEDIS 2016 season, Passport Health Plan analyzed final HEDIS rates to identify the aforementioned measures falling below NCQA's national average. Passport Health Plan employs several tactics to evaluate the effectiveness of current interventions and develop new strategies, including but not limited to: · Dedicated HEDIS Team · Planning and strategy meetings with multidisciplinary SMEs · Monthly interim HEDIS reports · Care Gap reporting · Quality committee recommendations and feedback · Pharmacy Consultant Outreach · Case and Disease Management Programs · Member incentive program · Implemented a process to contract with PCPs to act as community after-hours clinics in rural counties. · Hosted numerous "Lunch and Learn" sessions in London, Paducah, Prestonsburg and Cincinnati in the 4th quarter 2016 · Developed and hosted routine webinars for providers on topics including Understanding Women's Health and EPSDT

IPRO Recommendation/ Passport Health Plan Response
· Hosted provider workshops in Louisville, Bowling Green, Prestonsburg, Lexington, and Paducah in the 4th quarter · Statewide contracting and credentialing efforts continue to build the network · Developed, updated, and distributed HEDIS education materials for providers. Outcome and Monitoring: Passport Health Plan will continue to utilize HEDIS certified software to produce monthly interim reports. Progress will also be tracked quarterly on the QI Work Plan. Dedicated HEDIS Team staff will continue oversight of the rates, measures, and related interventions. Future Actions/Plans: Analysis and improvement of HEDIS rates is a complex, ongoing process. All of the following interventions are in the planning or implementation stage: · Collaboration with multidisciplinary SMEs · EPSDT PIP to increase screening and participation rates and subsequently the AWC rate · More robust member incentive program · Business intelligence, reporting, and analytic capabilities · Revamp of care gap reporting · Member engagement · Patient Centered Medical Home Projects · Direct telephonic outreach to members in need of screenings · Continued enhancements of Case and Disease Management Programs · Continue to explore value base contracting with key providers · Statewide contracting and credentialing efforts continue to build the network · Continue educating providers about HEDIS.
IPRO Recommendation: *Conduct barrier analyses and implement strategies to improve member satisfaction for adults.* *MCO Response:* Initial Plan of Action: Passport Health Plan thoroughly evaluates the results of both the child and adult member satisfaction in an effort to constantly improve satisfaction. When and how was this accomplished? Passport Health Plan utilizes intermittent member surveys of customer service, care management, and other programs to provide real time feedback, identify strengths as well as opportunities for improvement. Formal member satisfaction surveys are conducted annually in collaboration with our accredited vendor, Morpace. Outcome and Monitoring: Passport Health Plan reviews detailed reports from Morpace to pinpoint trends and opportunities for improvement. Multidisciplinary CAHPS workgroups and quality committees review rates, trends, and opportunities then provide feedback. Future Actions/Plans: Passport Health Plan reviews the supplemental CAHPS questions to glean the most information possible from the survey. Member engagement is conducted to increase survey response rate. Further interventions specific to members' dissatisfaction continue to be evaluated and further

IPRO Recommendation/ Passport Health Plan Response
developed.
IPRO Recommendation: *Review and implement the EQRO recommendations for each of the PIPs, particularly those related to indicators for the antipsychotics in children/adolescents, asthma and postpartum re-admissions PIPs, where the plan was not able to report baseline rates.* *MCO Response:* Initial Plan of Action: For 2016, annual reporting EQRO recommendations were addressed and PIP reports were converted to the new template format. PIP report rationales were revised based on more plan specific population analysis to identify target groups for intervention and possible barriers to performance improvement. Annual performance indicator reporting was updated to reflect year over year trend and comparison against baseline rates for all baseline and interim PIP reporting. Intervention strategy was reviewed and revised based on further data analysis of specific population indicated for the PIPs reported in the rationale. Strategy was also revised based on PDSA of intervention measurability, tracking and performance over the report period. When and how was this accomplished? Updates occurred in preparation for quarterly and annual reporting, and internal dedicated monthly PIP team meetings with stakeholders. Updates addressing recommendations occurred through data analysis of plan population. Also accomplished through literature review of national, state and plan level studies and outcomes. Baseline, age-specific and annual trend rates for the antipsychotics in children/adolescents, asthma and postpartum re-admissions PIPs were reported in 2016 annual reports based on performance measure specifications. Continued updates to annual reporting based on new PIP template requirements and EQRO feedback for results reporting and intervention tracking will be applied accordingly. Outcome and Monitoring: PIP results and QI Work Plan quarterly report have been updated for performance measure reporting. Performance measure specification for outcome and results reporting amended per EQRO recommendation. Intervention tracking for active interventions to be monitored at least quarterly. Future Actions/Plans: Ongoing monthly team meetings with QI team and PIP stakeholders to review current barriers, intervention implementation & status and conduct PDSA based on periodic reporting of outcomes. All PIP annual reports and proposals are to be reviewed and validated by QI management and VP oversight allowing for feedback, recommendation and revision as needed.
IPRO Recommendation: Review and implement the In the domain of access to/timeliness of care, IPRO recommends that Passport Health Plan: *Continue working to improve rates for HEDIS measures that perform below the NCQA national average.* *MCO Response:* Initial Plan of Action: Passport Health Plan conducts ongoing interventions to continually improve member access. Passport Health Plan conducts analysis of rates and interventions to evaluate the effectiveness of current interventions and whether alternative strategies should be implemented. The following measures were identified as falling below the 2016 Quality Compass Mean; however Passport Health Plan's goal is to continually improve the rates for all access measures: · AAP Total · ADV All ages · IET All Rates

IPRO Recommendation/ Passport Health Plan Response
When and how was this accomplished? At the close of the HEDIS 2016 season, Passport Health Plan analyzed final HEDIS rates to identify access/timeliness of care measures falling below NCQA's national average. Passport Health Plan employs several tactics to evaluate the effectiveness of current interventions and develop new strategies, including but not limited to: · Dedicated HEDIS Team · Planning and strategy meetings with multidisciplinary SMEs · Monthly interim HEDIS reports · Care Gap reporting · Quality committee recommendations and feedback · Pharmacy Consultant Outreach · Case and Disease Management Programs · Member incentive program · Implemented a process to contract with PCPs to act as community after-hours clinics in rural counties. · Hosted numerous "Lunch and Learn" sessions in London, Paducah, Prestonsburg and Cincinnati in the 4th quarter 2016 · Developed and hosted routine webinars for providers on topics including Understanding Women's Health and EPSDT · Hosted provider workshops in Louisville, Bowling Green, Prestonsburg, Lexington, and Paducah in the 4th quarter · Statewide contracting and credentialing efforts continue to build the network · Developed, updated, and distributed HEDIS education materials for providers. Outcome and Monitoring: Passport Health Plan will continue to utilize HEDIS certified software to produce monthly interim reports. Progress will also be tracked quarterly on the QI Work Plan. Dedicated HEDIS Team staff will continue oversight of the rates, measures, and related interventions. Future Actions/Plans: Analysis and improvement of HEDIS rates is a complex, ongoing process. All of the following interventions are in the planning or implementation stage: · Collaboration with multidisciplinary SMEs · EPSDT PIP to increase screening and participation rates and subsequently the AWC rate · More robust member incentive program · Business intelligence, reporting, and analytic capabilities · Revamp of care gap reporting · Member engagement · Patient Centered Medical Home Projects · Direct telephonic outreach to members in need of screenings · Continued enhancements of Case and Disease Management Programs · Continue to explore value base contracting with key providers · Statewide contracting and credentialing efforts continue to build the network · Continue educating providers about HEDIS.

IPRO Recommendation/ Passport Health Plan Response
IPRO Recommendation: *Develop strategies and implement interventions to improve access to behavioral health services.* *MCO Response:* Initial Plan of Action: Increase access and outreach to providers. When and how was this accomplished? The following were accomplished by Passport's Provider Network Management (PNM): · Created brochures to encourage providers to join the network · Outreached to providers by purchasing lists of all licensees from each of the independent licensure board and then sending letters · Creating a webinar that was housed on-line to aid in simplifying the process for providers · Continual outreach at provider events to encourage providers to join the network · Increased the number of individual visits made to providers to assist them with any issues related to becoming a provider or the claim's process · Added ResCare to help deliver High-Fidelity Wraparound as part of the Foster Care Pilot. They are a provider willing to invest in the resources and training to aid in bringing this evidence-based practice to Kentucky · Implemented SBIRT (Screening, Brief Intervention, and Referral to Treatment) as an evidence-based practice where primary care providers screen patients for substance use disorders. They provide a brief intervention if the person positively endorses possibly having a problem with alcohol or other drugs. The final component is that the provider refers the member to treatment. Passport advises the providers that they can call us on our Behavioral Health Access line to assist in getting members who screen positively for substance use disorders to get connected to services. Passport provided eNews communications and added a page to our website to educate providers and help them find a training to complete before beginning this standardized intervention. Over 11,000 members were screened for substance use disorders in the primary care setting last year. Below are recruiting projects that the BH Provider Relations and PNM teams participated in throughout 2016: · May 18, 2016 – Non-Maid Prescriber Project (Email Non MAID Prescriber Implementation) · July 29, 2016 – Suboxone Prescriber Call Project (Email Suboxone Prescriber Calls) Outcome and Monitoring: Passport continues to monitor the events and goals for each provider. Future Actions/Plans: Provider Network Management created a SharePoint "Leads Tracker" internal website specifically to identify providers to recruit to our network. This initiative specifies Behavioral Health providers which will improve accessibility for our members. Provider relations specialists are assigned the non-participating provider and this site documents efforts to contract and enroll them.

Table 63: WellCare of Kentucky Response to Recommendations Issued in 2016 Technical Report

IPRO Recommendation/ WellCare of Kentucky Response
In the domain of quality, IPRO recommends that WellCare of Kentucky: *Continue to work on improving rates for HEDIS and HK measures related to preventive and screening services.* *MCO Response:* Initial Plan of Action: WellCare continued multiple ongoing interventions and strategies aimed at improving performance on all HEDIS and HK measures during 2016, including those related to preventive and screening services. These interventions include one-on-one case management (medical and behavioral health), disease management, distribution of provider Care Gap Reports, targeted phone calls (to members and providers), and mailings to members, and those members' providers, identified as needing HEDIS-related recommended services and/or screenings, provider visits, and initiated a member incentive program (e.g., for diabetic eye exams). Additionally, WellCare's Quality Improvement Department was expanded to include 11 regional Quality Practice Advisors (QPAs) positions. The QPAs' primary responsibility is the improvement of HEDIS rates as they work individually with providers to improve HEDIS and HK rates increasing the number of WellCare members receiving recommended preventive care. Also, WellCare added two Care Gap Coordinator positions whose responsibility is to telephonically outreach to members identified as needing recommended preventive care and/or screenings. The QI Team also has a QI Coordinator who telephonically outreaches to providers with a smaller number of WellCare members to address member-needed services and/or screenings. In addition, WellCare continued its Pay-for-Performance provider program in 2016. At the completion of each HEDIS season, the QI Team analyzes HEDIS and HK outcomes performing a root cause analysis, to identify barriers, and develop targeted and/or revised interventions for implementation. HEDIS rates are monitored and analyzed monthly so areas of concern can be identified quickly with interventions initiated/revised accordingly. The Plan is currently developing a QI dashboard, to be available to the entire organization, so all associates can see the current HEDIS rates to promote quality company-wide and to help coordinate activities between departments. When and how was this accomplished? Throughout 2016, QPAs worked with provider offices to educate providers and office staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS compliance, and claims coding for services rendered during member visits using HEDIS-accepted codes. Quality Practice Advisors distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and HK measure specifications. The QPAs made joint visits to providers with Provider Relation Representatives to coordinate efforts to meet providers' needs. In July and August 2016, following the receipt of final HEDIS and Healthy Kentuckian results for measurement year 2015, WellCare performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50th percentile to identify barriers and potential/revised interventions targeted at specific measures were initiated/revised accordingly. During 2016, WellCare continued distributing Care Gap Reports to PCPs to notify them of members on their panel in need of screenings/preventive care. In addition in 2016, WellCare continued distributing OB/GYN Care Gap Reports to OB/GYNs to specifically target female members with care gaps for cervical cancer screening (CCS), breast cancer screening (BCS), and chlamydia screening (CHL). Two Care Gap Coordinators telephonically outreached to members identified as needing recommended preventive care and/or screenings. A QI Coordinator telephonically outreached to providers with a smaller number of WellCare members to address needed services and screenings. WellCare also had a Pay-for-Performance program for providers in 2016 that targeted the following HEDIS measures: Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) increased 2.45 percentage points; Adolescent Well Visits (AWC) increased 3.52 percentage points; Childhood Immunization Status – Combo 2 (CIS) increased 4.89 percentage points and Combo 10 (CIS) increased 2.58 percentage points; Comprehensive Diabetes Care – HbA1c Testing (CDC) and HbA1c <9% increased slightly; and Chlamydia Screening (CHL) increased 1.14 percentage points. WellCare continued to alert provider offices of members in need of preventive services when office staff checked member eligibility through WellCare's secure provider portal. WellCare Customer Service Representatives addressed care gaps with members when they called in to the Plan and assisted with making appointments as needed. During 2016, WellCare continued to offer car seat safety checks and provided childhood immunization educational materials at those events. Interventions continued, which were aimed at improving

data collection, and included expanding the availability to retrieve/receive medical records electronically. Upon completion of the 2016 HEDIS season the Plan reviewed opportunities for improvement with the overall HEDIS process and has revised the process for 2017 accordingly based on this review and analysis.

Outcome and Monitoring: WellCare monitors HEDIS rates via monthly reports (utilizing NCQA HEDIS approved software – Inovalon) to identify areas of concern and initiates/revises interventions and implements accordingly. Upon completion of the 2016 HEDIS season the Plan reviewed opportunities for improvement with the overall HEDIS process and revised the process for HEDIS 2017 based on the findings from this review and analysis. Therefore, based on this analysis and implemented interventions, WellCare anticipates that HEDIS 2017 rates will continue to show an improvement over HEDIS 2016. HEDIS rates for WellCare and for individual providers are monitored on a monthly basis so areas of concern are identified quickly with actions taken accordingly. Providers are distributed their individual HEDIS rates and Care Gap Reports monthly so they can track their progress and identify opportunities. Additionally, the QPAs are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS and Healthy Kentuckian measure performance are included in the QI Work Plan, which is updated quarterly and reported to the Plan's quality committees for their input, feedback and recommendations.

Future Actions/Plans: Following receipt of final HEDIS 2017 rates, WellCare will conduct a root cause analysis of HEDIS and Healthy Kentuckian 2016 data to identify barriers and develop and/or revise interventions. Based on this analysis, WellCare will continue/revise interventions already in place and/or develop new member and provider interventions as needed. In addition, WellCare has initiated and will continue to conduct biannual HEDIS strategy meetings to evaluate processes, interventions and rates and will make adjustments as needs are identified. WellCare will continue to work individually with providers to improve HEDIS and Healthy Kentuckian rates via face-to-face QPA and Provider Relation visits and telephonically via the QI Coordinator. Additionally, in 2016, WellCare added two new positions to the QI Department (Care Gap Coordinators), whose responsibilities include directly outreaching members with care gaps to provide education and referrals for assistance with making appointments as needed. These positions are located within the Kentucky market. Also, the Plan expanded the number of QPAs to 11 and has a QI Coordinator who telephonically outreaches to providers with a smaller number of WellCare members, to alert them of members in need of recommended preventive care and/or screenings. Additionally, in 2016 WellCare launched a new member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from $10 to $60 in value for the completion of the following preventive visits and screenings: Well Child Visits 0-15 Months, Well Child Visits 3-6 Years, Adolescent Well Care Visit, Prenatal Care Visits (6 or more), Postpartum Care Visit (diaper incentive), Diabetes Eye Exam (DRE), Diabetes HbA1c Test (CDC), Cervical Cancer Screening (CCS), Mammogram (BCS), Annual Adult Health Screening (AAP), and Preventive Dental Visit (ADV).

IPRO Recommendation:
Take action to increase risk screening and counseling for adolescents and pregnant women.

MCO Response:
Initial Plan of Action: WellCare continued multiple ongoing interventions and strategies aimed at improving performance on all HEDIS and HK measures during 2016, including those related to preventive and screening services for adolescents and pregnant women. These interventions include one-on-one case management (maternity, medical and behavioral health) distribution of provider Care Gap Reports, targeted phone calls (to members and providers), and mailings to members, and those members' providers, identified as needing HEDIS-related services, provider visits, and a member incentive program [e.g., for Adolescent Well Care Visit (AWC) increased 3.52 percentage points, Prenatal Care Visits (6 or more) (FPC) increased one percentage point, Postpartum Care Visit (PPC) (diaper incentive) decreased slightly]. Additionally, WellCare's Quality Improvement Department was expanded to include 11 regional Quality Practice Advisors (QPAs) positions. The QPAs' primary responsibility is the improvement of HEDIS rates as they work individually with providers to improve HEDIS and HK rates, increasing the number of WellCare members receiving recommended preventive care. This included the risk screening and counseling requirements for adolescents and pregnant women. WellCare continued the Postpartum Care PIP that includes provider education regarding postpartum depression screening

and supplies providers with the Edinburgh Postnatal Depression Scale for use as a screening tool. In addition, WellCare added two Care Gap Coordinators whose responsibility is to telephonically outreach to members identified as needing recommended preventive care and/or screenings. The QI Team also has a QI Coordinator who telephonically outreaches to providers with a smaller number of WellCare members to address needed services and screenings. In addition, WellCare continued its Pay-for-Performance program for providers in 2016. At the completion of each HEDIS season, the QI Team analyzes HEDIS and HK outcomes for a root cause analysis, identification of barriers, and development of targeted/revised interventions for implementation. HEDIS rates are routinely monitored and analyzed monthly to identify areas of concern with interventions initiated/revised as needed. The Plan is currently developing a QI dashboard, to be available to the entire organization, so all associates can see the current rates to promote quality company-wide and to help coordinate activities between departments. WellCare also collaborated with DMS and IPRO in a Prenatal Smoking PIP and proposed (and had accepted) a Children and Adolescent Immunization PIP.

The objectives for the Children and Adolescent Immunization PIP are to:

- Increase the HEDIS rate of Childhood Immunization Status (CIS): Combo 10 over the next three (3) year period to the Medicaid QC 25th percentile.
- Increase the HEDIS rate of Immunizations for Adolescents (IMA): Combo 1 over the next three (3) year period to the Medicaid QC 75th percentile.
- Establish and increase the HEDIS rate of Immunizations for Adolescents (IMA): Combo 2 over the next three (3) year period to the Medicaid QC 50th percentile.

The objectives for the Prenatal Smoking PIP are to:

- Increase the rate of *Healthy Kentuckians Prenatal Risk Assessment and Education/Counseling Measure* (PPCKY): Screening for Tobacco Use over the next three (3) year period by 5 percentage points to 57.83%.
- Decrease the rate of *Healthy Kentuckians Prenatal Risk Assessment and Education/Counseling Measure* (PPCKY): Positive Tobacco Use Assessment over the next three (3) year period by 10 percentage points to 32.35%.
- Increase the rate of *Healthy Kentuckians Prenatal Risk Assessment and Education/Counseling Measure* (PPCKY): Receiving Intervention for Tobacco Use over the next three (3) year period by 5 percentage points to 56.81%.
- Increase the rate of prenatal smoking abstinence of members over the next three (3) year period. Goal to be included in Baseline Report.
- Increase the rate of prenatal smokers with provider follow-up to monitor success of/barriers to smoking cessation interventions over the next three (3) years. Goal to be included in Baseline Report.

When and how was this accomplished?

Throughout 2016, QPAs worked with provider offices to educate providers and office staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS compliance, and claims coding for services rendered during member visits using HEDIS-accepted codes. Quality Practice Advisors distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and HK measure specifications, including the distribution of OB Toolkits. The QPAs made joint visits to providers with Provider Relation Representatives to coordinate efforts to meet providers' needs. In July and August 2016, following the receipt of final HEDIS and Healthy Kentuckian results for measurement year 2015, WellCare performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50th percentile to identify barriers and potential/revised interventions targeted at specific measures. During 2016, WellCare continued distributing Care Gap Reports to PCPs to notify them of members on their panel in need of screenings. In addition, in 2016, WellCare continued distributing OB/GYN Care Gap Reports to OB/GYNs to specifically target female members with care gaps. Two Care Gap Coordinators telephonically outreached to members identified as needing recommended preventive care and/or screenings. A QI Coordinator telephonically outreached to providers with a smaller number of WellCare members to address needed services and screenings. WellCare also had a Pay-for-Performance program for providers in 2016 that targeted the following HEDIS measures: Adolescent Well Visits (AWC); prenatal and postpartum care (PPC). WellCare also continued to alert provider offices of members in need of preventive services

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when office staff checked member eligibility through WellCare's secure provider portal. WellCare Customer Service Representatives addressed care gaps with members when they called in to the Plan and assisted with making appointments as needed. Upon completion of the 2016 HEDIS season the Plan reviewed opportunities for improvement with the overall HEDIS process and has revised the process for 2017 accordingly based on this review and analysis. The Plan is currently developing a QI dashboard, to be available to the entire organization, so all associates can see the current rates to promote quality company-wide and to help coordinate activities between departments. WellCare also collaborated with DMS and IPRO in a Prenatal Smoking PIP and proposed (and had accepted) a Children and Adolescent Immunization PIP. Outcome and Monitoring: WellCare monitors HEDIS and Healthy Kentuckian rates via monthly reports (utilizing NCQA HEDIS approved software – Inovalon) to identify areas of concern and initiate/revise interventions accordingly. Upon completion of the 2016 HEDIS and Healthy Kentuckian season the Plan reviewed opportunities for improvement with the overall process and has revised the process for 2017 accordingly based on this review and analysis. Therefore, WellCare anticipates that HEDIS and Healthy Kentuckian 2017 rates will show an improvement over 2016. HEDIS rates for WellCare and for individual providers are monitored on a monthly basis so areas of concern are identified quickly with interventions initiated/revised accordingly. Providers are also distributed their individual HEDIS rates and Care Gap Reports monthly so they can track their progress and opportunities. Additionally, the QPAs are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS and Healthy Kentuckian measure performance are included in the QI Work Plan, which is updated quarterly and reported to the Plan's quality committees for their input and recommendations. CY 2015 results for the HK Postpartum Depression Screening measure indicated 55.81% (n=120 of 215) of those women had a postpartum depression screening completed during the postpartum care visit. Postpartum Depression Screening increased significantly from MY 2014 by 19.0 percentage points and surpassed the performance target of 55.22%. Therefore, interventions associated with the indicator measure remained the same for 2016, as well as performance target, and the final rate will be assessed to verify maintenance. Future Actions/Plans: Following receipt of final HEDIS 2017 rates, WellCare will conduct a root cause analysis of HEDIS and Healthy Kentuckian 2016 data to identify barriers and develop new and/or revised interventions. Based on this analysis, WellCare will continue/revise interventions already in place and/or develop new member and provider interventions as needed. In addition, WellCare initiated and will continue to conduct bi-annual HEDIS strategy meetings to evaluate processes, interventions and rates and will make adjustments as needs are identified. WellCare will continue to work individually with providers to improve HEDIS and Healthy Kentuckian rates. Additionally, in 2016 WellCare added two new positions to the QI Department (Care Gap Coordinators), whose responsibilities include directly outreaching members with care gaps to provide education and referrals for assistance with making appointments as needed; these positions are located within the Kentucky market. Also, the Plan expanded the number of QPAs to 11 and has a QI Coordinator who telephonically outreaches to providers with a smaller number of WellCare members, to alert them of members in need of recommended preventive care and/or screenings. In 2016 WellCare began a member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from $10 to $60 in value for the completion of the following preventive visits and screenings Adolescent Well Care Visit (AWC), Prenatal Care Visits (6 or more) (FPC) and Postpartum Care Visit (diaper incentive) (PPC). Through the provision of incentives for members to attend these visits, coupled with provider and member education regarding the appropriate/recommended care and screenings that should occur during these visits, WellCare anticipates improvement in risk screening and counseling rates for adolescents and pregnant women.
IPRO Recommendation: *Work to improve HEDIS measure rates that fall below the NCQA national averages, particularly for measures related to cardiovascular care, appropriate testing and antibiotic use for children with acute respiratory illnesses, and some behavioral health care measures.*

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MCO Response:

Initial Plan of Action: WellCare has multiple ongoing interventions aimed at improving performance on all HEDIS measures, including those related to cardiovascular care, appropriate testing and antibiotic use for children with acute respiratory illnesses, and behavioral health care measures. These interventions continued in 2016 and included: one-on-one case management, disease management, distribution of provider Care Gap Reports, targeted phone calls and mailings to members identified as needing HEDIS services and provider visits. Additionally, WellCare's Quality Improvement Department was expanded to include 11 regional Quality Practice Advisor (QPA) positions, which were added in 2016. The QPAs' primary responsibility is to improve HEDIS and HK rates to increase the number of WellCare members receiving recommended preventive care. At the completion of each HEDIS season, the QI Team analyzes HEDIS and HK outcomes performing a root cause analysis, to identify barriers, and develop/revise interventions for implementation. These interventions included the provision of targeted education to providers and members regarding appropriate testing for children with pharyngitis, appropriate antibiotic use for children with acute respiratory illness, and management of high blood pressure in adults. In the area of behavioral health, WellCare has two PIPs related to behavioral health care. These PIPs are titled, Antipsychotic Medication Use in Children and Adolescents, and interventions for the Management of Physical Health Risks in the SMI Population. WellCare added two Care Gap Coordinators whose responsibility is to telephonically outreach to members identified as needing recommended preventive care and/or screenings. The QI Team also has a QI Coordinator who telephonically outreaches to providers with a smaller number of WellCare members to address needed services and screenings. In addition, WellCare continued its Pay-for-Performance program in 2016. The Plan is currently developing a QI dashboard, to be available to the entire organization, so all associates can see the current rates to promote quality company-wide and to help coordinate activities between departments.

When and how was this accomplished?

Throughout 2016, QPAs worked with provider offices to educate providers and staff about HEDIS and Healthy Kentuckian requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate compliance, and claims coding for services rendered during member visits using HEDIS-accepted codes. QPAs distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and HK measure specifications. In July 2016, following the receipt of final HEDIS results for measurement year 2015, WellCare performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50th percentile to identify barriers and potential/revised interventions targeted at specific measures. In 2016, WellCare educated members regarding appropriate testing for pharyngitis, antibiotic use for URI, and controlling high blood pressure in adults through targeted member mailings, member newsletter articles, member outreach calls, and provision of Care Gap Reports to providers. WellCare conducted disease management activities with adult members identified as having high blood pressure and educated providers on taking a second blood pressure reading when the initial reading is higher than recommended levels. WellCare PIPs, related to behavioral health, which were active in 2016 included: Follow-Up after Mental Health Hospitalization (final year), Antipsychotic Medication Use in Children and Adolescents (interim year) and a PIP related to the Management of Physical Health Risks in the SMI Population (baseline year). WellCare developed a resource BH kit for non-BH providers who prescribe antipsychotic medication and an Assessment, Screening and Monitoring tool for child and adolescents and adults to help with the identification of recommended screenings and to provide a form for the sharing/collaboration between providers.

Outcome and Monitoring: WellCare monitors HEDIS rates monthly to identify areas in need of greater or revised intervention with actions taken as concerns are identified. Therefore, WellCare anticipates that HEDIS and Healthy Kentuckian 2017 rates will show an improvement over 2016. Providers are also distributed their individual HEDIS rates and Care Gap Reports monthly so they can track their progress and identify open opportunities. Additionally, the QPAs are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the Plan's quality committees for feedback and recommendations. PIP outcomes are monitored continually and reported on an annual basis with reports submitted to IPRO and DMS by September 1 of each year.

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For the Antipsychotic Medication Use in Children and Adolescents PIP, interim data were collected and evaluated for six performance measures for this project. Performance goals were revised following the receipt of baseline rates. HEDIS 2016 data indicate that 1.62 percent of members, ages 1-17, received two or more concurrent antipsychotic medications. The baseline rate for this measure was 1.31 percent, so the initial goal of 6.00 percent was revised to 1.30 percent, since a lower rate indicates better performance for this measure and the baseline rate exceeded the initial goal. The interim rate did not meet the revised goal rate of 1.30 percent nor did it represent an improvement over the baseline rate.

HEDIS 2016 data indicate that 61.67 percent of pediatric members, ages 1-17, who had a new prescription for an antipsychotic medication also had documentation of psychosocial care as first-line treatment. The baseline rate for this measure was 65.33 percent, so the initial goal of 48.20 percent was revised to 70.00 percent because the baseline rate exceeded the initial goal. The interim rate did not meet the revised goal rate of 70.00 percent nor did it represent an improvement over the baseline rate.

HEDIS 2016 data further indicate that 23.89 percent of members, ages 1-17, who had two or more antipsychotic prescriptions, also received metabolic testing during the measurement year. The baseline rate for this measure was 24.98 percent, so the initial goal of 18.50 percent was revised to 27.50 percent because the baseline rate exceeded the initial goal. The interim rate did not meet the revised goal rate of 27.50 percent nor did it represent an improvement over the baseline rate.

Administrative claims data for CY 2015, collected according to the specifications outlined in the "Draft Document for HEDIS 2015 Public Comment," were evaluated for the final three performance measures for this project. This data indicated an interim rate of 24.60 percent for pediatric members, ages 0-17, who were on antipsychotic medication and who received two or more antipsychotic prescriptions with higher-than-recommended doses. The baseline rate for this measure was 22.79 percent, and because a lower rate indicates better performance for this measure, the initial goal for this measure was not revised after baseline measurement and remained at 7.90 percent at interim. The interim rate did not meet the initial goal rate of 7.90 percent nor did it represent an improvement over the baseline rate. Interim data for CY 2015 also indicate that 71.78 percent of members, ages 0-17, who had a new prescription for an antipsychotic medication, also had one or more follow up visits with a prescriber within thirty days following the index prescription start date. The baseline rate for this measure was 78.28 percent, so the initial goal rate of 72.80 percent was revised to 82.00 percent because the baseline rate exceeded the initial goal. The interim rate did not meet the revised goal rate of 82.00 percent nor did it represent an improvement over the baseline rate.

Lastly, interim data for CY 2015 indicate that 6.41 percent of members, ages 0-17, who had a new prescription for an antipsychotic medication, also had a baseline metabolic screening within ninety days prior to the prescription start date to fifteen days after the prescription start date. The baseline rate that was initially reported for this measure was 0.33 percent, which did not meet the initial performance goal of 6.00 percent, so the initial goal was not revised. However, because an error in the programming logic for this measure's data pull was discovered and corrected when running the report for the interim rate, a corrected baseline report for this measure was also run. The correct baseline rate for this measure is 7.86 percent. This rate exceeded the initial goal rate of 6.00 percent. The interim rate also exceeded the goal rate of 6.00 percent but did not represent an increase over the correct baseline rate. The performance goal rate for this measure will be revised upwards in order to target continued improvement in this rate.

For the Management of Physical Health Risks in the SMI Population PIP, Baseline data for measurement year (MY) 2015 indicated 66.46% (n=6,362/9,573) of members with a diagnosis of schizophrenia or bipolar disorder had a visit with a PCP during 2015. This represents a slight decrease of 0.66% from 2014. WellCare's internal data from calendar year (CY) 2014 indicated 67.12% of members with a diagnosis of schizophrenia or bipolar disorder had a visit with a PCP during 2014. This rate was used as the starting point to set the goal for Adults' Access to Preventive/Ambulatory Health Services for members with a diagnosis of

schizophrenia or bipolar disorder. Therefore, since the goal for this measure is to increase the rate for Access to Preventive/Ambulatory Health Services for Adults with Schizophrenia or Bipolar Disorder over a three (3) year period, and the original goal of 72.12% is above the 95% CI (65.5%, 67.4%) the performance target will remain to increase the rate of Access to Preventive/Ambulatory Health Services for Adults with Schizophrenia or Bipolar Disorder to 72.12% over a three (3) year period.

Baseline analysis also indicated 21.47% (n=2,055/9,573) had a behavioral health related inpatient admission during 2015. This was a 2.53 percentage point decrease from 2014 (n=1,903/7,928). The Plan will continue to track this during the timeframe for this PIP to identify other possible opportunities for improvement.

The goal for Body Mass Index Screening for People with Schizophrenia or Bipolar Disorder was initially set at the equivalent to the HEDIS 2015 Quality Compass benchmark for the 75th percentile for the measure *Adult BMI Assessment* (ABA). Data on BMI assessment specific to the SMI population was not available at the time of the proposal because this metric had never before been measured by WellCare. Analysis of the 2015 data indicated 89.81% (n=388/432) of members with schizophrenia received a BP screening. Therefore, based on baseline analysis and recommendations from IPRO, the goal for Body Mass Screening for People with Schizophrenia or Bipolar Disease was revised to 95.2% (95% CI 86.8%, 92.6%) for this measure to ensure meaningful improvement in this metric over a three (3) year period.

The goal for Cholesterol Screening for People with Schizophrenia or Bipolar Disorder Who are Prescribed Antipsychotic Medications was initially set at the equivalent to WellCare's (CY) 2014 rate of LDL-C screening among adults according to results for the HK Cholesterol Screening for Adults measure. Data on cholesterol screening specific to the SMI population was not available at the time of the proposal because this metric had never before been measured by WellCare. Analysis of the 2015 data found 74.66% (n=2,996/4,013) of those members had received a LDL-C screening. Therefore, based on baseline analysis and recommendations from IPRO, this goal was revised to 84.8% (95% CI 73.3, 76.05) for this measure to ensure meaningful improvement in this metric over a three (3) year period.

The goal for Blood Pressure Assessment for People with Schizophrenia or Bipolar Disorder was initially set at the equivalent to the HEDIS 2015 Quality Compass benchmark for the 75th percentile for the HEDIS measure *Controlling High Blood Pressure* (CBP). Data on blood pressure assessment specific to the SMI population was not available at the time of the proposal because this metric had never before been measured by WellCare. Analysis of the 2015 data indicated 88.42% (n=382/432) received a blood pressure assessment during the measurement year (MY). Therefore, based on baseline data and recommendations from IPRO, this goal was revised to 94.2% (95% CI 85.3%, 91.3%) to ensure meaningful improvement in this metric over a three (30 year period.

The goal for Tobacco Use Screening for Members with a Diagnosis of Schizophrenia or Bipolar Disorder was initially set at the equivalent to WellCare's (CY) 2014 rate of screening for tobacco use among pregnant women according to the HK Perinatal Screening and Counseling measure. Data on tobacco use screening specific to the SMI population was not available at the time of the proposal because this metric had not been measured by WellCare. Baseline data for 2015 indicated the following:

- For Tobacco Screening and Follow Up – Tobacco Screening, 75.23% (n=325/432) of members with a diagnosis of schizophrenia or bipolar received screening. Therefore, based on baseline data and recommendations from IPRO, this goal was revised to 90.0% (95% CI 71.0%, 79.2%) to ensure meaningful improvement in this metric over a three (3) year period.
- For Tobacco Screening and Follow Up – Current Tobacco Use, 89.54% (n=291/325) of members with a diagnosis of schizophrenia or bipolar, and were positive for smoking, received a follow up. Therefore, based on baseline data and recommendations from IPRO, this goal was revised to 95.9% (95% CI 86.1%, 92.7%) to ensure meaningful improvement in this metric over a three (3) year period.

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- For Tobacco Screening and Follow Up – Tobacco Cessation Intervention, 67.01% (n=195/291) of members with a diagnosis of schizophrenia or bipolar, and were positive for smoking, received a smoking intervention. Therefore, based on baseline data and recommendations from IPRO, this goal was revised to 77.5% (95% CI 61.4%, 72.2%) to ensure meaningful improvement in this metric over a three (3) year period.
- For Tobacco Screening and Follow Up – Tobacco Cessation Rx Prescribed, 56.41% (n=110/195) of members with a diagnosis of schizophrenia or bipolar, and were positive for smoking, received a smoking cessation prescription. Therefore, based on based on baseline data and recommendations from IPRO, this goal was revised to 69.8% (95% CI 49.2%, 63.1%) to ensure meaningful improvement in this metric over a three (3) year period.

WellCare's HEDIS 2015 baseline rate for *Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications* (SSD) was 82.46% (n=3,309/4,013). This rate slightly improved from the 2014 rate of 82.24%. However, based on baseline data and recommendations from IPRO, the goal for this measures was revised to 84.8% (95% CI 81.3%, 83.6%) to ensure meaningful improvement in this metric over a three (3) year period.

<u>This project seeks to achieve the following revised objectives based upon 2015 baseline rates and recommendations from IPRO</u>:

- Establish rate for and increase rate of *Access to Preventive/Ambulatory Health Services for Adults* (AAP) with Schizophrenia or Bipolar Disorder to 72.12% (95% CI 65.5%, 67.4%) over a three (3) year period.
- Establish rate for and increase rate for Body Mass Index Screening for People with Schizophrenia or Bipolar Disorder to 95.2% (95% CI 86.8%, 92.6%) over a three (3) year period.
- Establish rate for and increase rate of Cholesterol Screening for People with Schizophrenia or Bipolar Disorder Who are Prescribed Antipsychotic Medications to 84.8% (95% CI 73.3%, 76.0%) over a three (3) year period.
- Establish rate for and increase rate of Blood Pressure Assessment for People with Schizophrenia or Bipolar disorder to 94.2% (95% CI 85.3%, 91.3%) over a three (3) year period.
- Establish rate for and increase rate of Tobacco Use Screening for Members with a Diagnosis of Schizophrenia or Bipolar Disorder to 90.0% (95% CI 71.0%, 79.2%) over a three (3) year period.
- Establish rate for and increase rate of Follow-up on Smoking Status for Smokers with Schizophrenia or Bipolar Disorder to 95.9% (95% CI 86.1%, 92.7%) over a three (3) year period.
- Establish rate for and increase rate of tobacco cessation intervention for members with a diagnosis of schizophrenia or bipolar disorder identified as current tobacco users to 77.5% (95% CI 61.4%, 72.2%) over a three (3) year period.
- Establish rate for and increase rate of Tobacco Cessation Intervention for Members with a Diagnosis of Schizophrenia or Bipolar Disease to 69.8% (95% CI 49.2%, 63.1%) over a three (3) year period.
- Increase HEDIS rate for *Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications* (SSD) to 84.8% (95% CI 8a.3%, 83.6%) over a three (3) year period.
    - For Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD), 71.13% (n=308/433) of members had both an LDL-C test and an HbA1c test during the measurement year (MY). Therefore, based on baseline data and recommendations from IPRO, the goal for this measure was revised to 77.5% (95% CI 61.4%, 72.2%) over a three (3) year period.
    - For Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC), 78.89% (n=71/90) of members had an LDL-C test during the measurement year (MY). Therefore, based on baseline data and recommendations from IPRO, the goal for this measure was revised to 94.6% (95% CI 49.2%, 63.1%) over a three (3) year period.
    - Finally, for Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), 63.90% (n=947/1,482) of members who were dispensed an antipsychotic medication remained on an antipsychotic medication for at least 80% of their treatment period during the

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measurement year (MY). Therefore, based on baseline data and recommendations from IPRO, the goal for this measure was revised to 68.7% (95% CI 61.4%, 66.3%) over a three (3) year period. Future Actions/Plans: Following receipt of final HEDIS and Healthy Kentuckian 2017 rates, WellCare will conduct a root cause analysis of the data to identify barriers and potential/revised interventions. Based on this analysis, WellCare will continue/revise interventions already in place and/or develop new member and provider interventions as needed. In addition in 2016, WellCare initiated and will continue to conduct bi-annual HEDIS strategy meetings to evaluate processes, interventions and rates and will make adjustments as needs are identified. WellCare will continue to work individually with providers to improve HEDIS and Healthy Kentuckian rates. Additionally, in 2016, WellCare has added two new positions to the QI Department for HEDIS Care Gap Coordinators, whose responsibilities include directly outreaching members with care gaps to provide education and referrals for assistance as needed. These positions are located within the Kentucky market. Also, the Plan expanded the number of QPAs to 11 and has a QI Coordinator who telephonically outreaches to providers with a smaller number of WellCare members, to alert them of members in need of recommended preventive care and/or screenings. Additionally, in 2016 WellCare had a new member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from $10 to $60 in value for the completion of the following preventive visits and screenings: Well Child Visits 0-15 Months (W15), Well-Child Visits 3-6 Years, Adolescent Well-Care Visit (AWC), Prenatal Care Visits (6 or more) (FPC), Postpartum Care Visit (diaper incentive) (PPC), Diabetes Eye Exam (DRE), Diabetes HbA1c Test (CDC), Cervical Cancer Screening (CCS), Mammogram (BCS), Annual Adult Health Screening (AAP), and Preventive Dental Visit (ADV). In addition, interventions for the Antipsychotic Medication Use in Children and Adolescents PIP continued in 2016, and interventions for the Management of Physical Health Risks in the SMI Population PIP began in 2016.
IPRO Recommendation: *Address all areas that were found less than fully compliant, with special attention to the domains Health Risk Assessment even though a change to WellCare of Kentucky's process was put into place at the beginning of 2016.* *MCO Response:* Initial Plan of Action: Following the 2016 Annual Compliance Audit findings, WellCare enacted Corrective Action Plans for the domains of Access, Delegation, Pharmacy, and Health Risk Assessment (HRA). When and how was this accomplished? 1) Access: WellCare updated the prior authorization policy (C6C5-041) as requested by IPRO to include language that WellCare does not require a referral for specialists or any other in-network provider. 2) Delegation: WellCare updated the Delegation Oversight Policy (C12AO-023 Addendum D. Kentucky) to include the contract requirement language. 3) Pharmacy: WellCare has updated the Pharmacy policy (C20RX-152) to include language regarding tamper-resistant features to prevent copying; modification or erasure; or counterfeiting prescriptions. It is noted that this language was removed from the contract in 2016. 4) HRA: WellCare initiated a corporate-wide program to standardize one HRA for use across all markets, which specifically addressed IPRO's recommendation to have a standardized version of the HRA across formats (paper and telephonic). WellCare also added an offer of assistance in scheduling a PCP visit to the Member Handbook per IPRO's recommendation. Additionally, the process for distributing the Unable to Contact Letters (UTC) for the HRAs was implemented and is fully automated. Outcome and Monitoring: WellCare provided documentation evidencing the changes made in response to the 2016 Annual Compliance Audit to IPRO. Final findings for the 2017 Annual Compliance Audit have been received and indicate "Full" compliance in all areas addressed following the 2016 Annual Compliance

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Audit, including compliance with the domain of Health Risk Assessment. The HRA files reviewed onsite by IPRO during the 2016 Annual Compliance review contained members who became active with WellCare between July 1 and September 30, 2015, but who were retroactively enrolled by DMS and had eligibility dates that occurred prior to that enrollment span. Because the process of referring new members had not yet been updated to include retroactively enrolled members, these members were not included on the file for HRA outreach and had not received an HRA. The corrective action plan addressing the inclusion of retroactively enrolled members on the file for HRA outreach was deployed in February 2016 and documentation was supplied to IPRO during the 2017 Annual Compliance Review in January 2017 as evidence that this corrective action had been completed. Additionally, WellCare now has in place an audit process for HRAs to ensure the process continues to perform as designed. Future Actions/Plans: WellCare received IPRO's final finding of "Full" from the 2017 Annual Compliance Audit compliance in April 2017. No further action is needed at this time.
IPRO Recommendation: *As recommended in RY 2014, consider working with DMS and the other MCOs to examine the reasons for low rates for board-certification to determine if this issue is specific to WellCare of Kentucky or is a regional/statewide norm.* *MCO Response:* Initial Plan of Action: To rectify this issue, WellCare initially monitored a quarterly internal Provider Board Certification report to identify internal data issues, and evaluated external data to determine statewide norms of board certification. Following IPRO recommendations in 2014, WellCare conducted a root cause analysis and found discrepancies with our internal data caused the issue of low rates of board certification. After identifying the root cause, WellCare initiated activities targeting specific data correction, corrected any errors found and performed a follow-up review and analysis to determine if the corrective actions taken were effective and to ensure our rates were in line with state norms. The results indicated the corrective actions were effective. When and how was this accomplished? The final internal data source for generating WellCare's board certification rates is our claims production system, Xcelys, which is populated through our credentialing software, Cactus. This is our intake repository during the credentialing process and data is entered from The Council of Affordable Quality Healthcare (CAQH) manually. WellCare currently produces and monitors a quarterly internal report showing the board certification status of all participating providers. WellCare's Network Integrity team coordinates with WellCare's Credentialing team to compile a list of providers with inconsistent internal data regarding board certification status and to verify providers' board certification status against external data sources. To rectify the issue identified in 2014, WellCare initially monitored a quarterly internal Provider Board Certification report to identify internal data issues, and evaluate external data to determine statewide norms of board certification. WellCare conducted a root cause analysis and found discrepancies with our internal data caused the issue of low rates of board certification. After identifying the root cause, WellCare initiated activities targeting specific data correction, corrected any errors found and performed a follow-up review and analysis to determine if the corrective actions taken were effective and to ensure our rates were in line with state norms. The results indicated the corrective actions were effective. Outcome and Monitoring: WellCare continues to monitor the quarterly internal board certification report to identify any errors, corrects any errors in its internal data regarding the board certification status of contracted providers, and following any data correction, performs a follow-up review to determine if our actions have improved our HEDIS board certification rate. WellCare compares rates to the statewide rate to ensure our rate is in line with statewide norms. WellCare continues to monitor the quarterly internal report on board certification to ensure the provider network maintains the highest percentage of board-certified providers. Problems initially identified have been corrected and subsequent monitoring has not identified any present or recurring issues. Ongoing monitoring continues.

IPRO Recommendation/ WellCare of Kentucky Response

Future Actions/Plans: With Kentucky being an Any Willing Provider state, WellCare of Kentucky must offer an Agreement to any provider that requests participation in our network. WellCare's Network Development Team reviews the Provider Board Certification report and acts upon any specialties that fall below a certain percentage to ensure we work to fill any gaps to maintain a quality network for our members. WellCare continues to correct identified internal data issues to ensure that board certification rates truly reflect the number of board-certified providers in WellCare's network. The Network Development Team partners with WellCare's Shared Services – Configuration Team to update the board certification status in our internal systems for those providers that have been verified as truly board-certified, but who currently have inconsistent information documented in WellCare's system.

IPRO Recommendation: In the domain of access to/timeliness of care, IPRO recommends that WellCare of Kentucky:
Work to improve HEDIS measure rates which fall below the NCQA national averages, particularly related to access/timeliness of behavioral health service.

MCO Response:
Initial Plan of Action: WellCare has multiple ongoing interventions aimed at improving performance on all HEDIS measures, including those related to the access/timeliness of behavioral health service, which continued in 2016. These interventions include one-on-one case management, disease management, distribution of provider Care Gap Reports, targeted phone calls and mailings to members identified as needing BH HEDIS services and provider visits. Additionally, WellCare's Quality Improvement Department was expanded to include 11 regional Quality Practice Advisor (QPA) positions, which were added in 2016. The QPAs' primary responsibility is to improve HEDIS and HK rates to increase the number of WellCare members receiving recommended preventive care including BH. At the completion of each HEDIS season, the QI Team analyzes HEDIS and HK outcomes performing a root cause analysis, to identify barriers, and develop/revise interventions for implementation. WellCare's PIP focusing on Follow-up After Hospitalization for Mental Illness was completed in 2016, which endeavored to improve member follow-up after a hospitalization for mental health. WellCare's QI Team works in conjunction with the BH Clinical Team and Network Management to improve access to BH specialists and timeliness of care.

When and how was this accomplished?
Throughout 2016, QPAs continued to work with provider offices to educate providers and staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS compliance, and claims coding for services rendered during member visits using HEDIS-accepted codes. QPAs distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and HK measure specifications including those related to BH. In July 2016, following the receipt of final HEDIS results for measurement year 2015, WellCare performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50th percentile to identify barriers and potential interventions targeted at specific measures. This included the BH related measures. As part of the FUH PIP, WellCare targeted outreach to facilities with 10 or more mental health admissions with a readmission rate of 8% or higher providing coaching on discharge planning and coordination of care. WellCare also performed targeted outreach to all CMHCs to review HEDIS FUH requirements and provide Behavioral Health HEDIS toolkits. WellCare also improved the process by which Case Managers are notified of discharges by Utilization Management, speeding up the timeframe for member outreach by Case Management for assistance with post-hospital BH follow-ups. WellCare developed a BH Resource Kit for non-BH providers prescribing antipsychotic medications, which included recommended monitoring and screening promoting collaboration with other providers.

Outcome and Monitoring: WellCare monitors HEDIS rates monthly to identify areas in need of greater or revised intervention. WellCare anticipates HEDIS 2017 rates will show an improvement over HEDIS 2016. HEDIS rates for WellCare and for individual providers are monitored on a monthly basis so areas of concern are identified quickly with intervention implemented accordingly. Providers are also distributed their individual HEDIS rates and Care Gap Reports monthly so they can track their progress and identify open opportunities. Additionally, the QPAs are assessed against performance goals for their work and outcomes with

individual provider groups. Member and provider interventions aimed at improving HEDIS measure performance are included in the QI Work Plan, which is updated quarterly and reported to the QI Committees for recommendations and feedback. Member and provider interventions are also reported to the Plan's quality committees. PIP outcomes are monitored continually and reported annually to DMS/IPRO. The final report for the FUH PIP was submitted to IPRO and DMS September 1.

Data for 2015 FUH PIP indicated that 58.78% (2,956/5,029) of members, age six (6) and older, received an outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 30 days after discharge from an acute inpatient hospitalization. This rate placed WellCare of Kentucky at the Medicaid Quality Compass (QC) 25th percentile, based on (QC) percentiles for HEDIS 2015. This rate was an increase of 1.60 percentage points from the 2014 rate of 57.18% (2,705/4,731) for this measure, but did not meet the performance target of (QC) 50th percentile.

Rates for the 7 day FUH HEDIS measure placed WellCare of Kentucky at the Medicaid (QC) 25th percentile, based on HEDIS 2015 (QC) percentiles, with a rate of 35.12% (1,766/5,029). This rate was an increase of 1.30 percentage points from the 2014 rate of 33.82% (1,600/4,731) and did not meet the performance target of (QC) 50th percentile for this measure.

Interim re-admission data for 2015 indicated that 6.71% (361/5,386) of members were readmitted to an acute inpatient hospital with a primary diagnosis of mental illness within 7 days, and 14.72% (793/5,386) were readmitted within 30 days. While 30 day rates were an improvement from the 2014 readmission rate of 16.32% (825/5,056) (30-day), neither met the performance targets of 2.99% and 8.30% respectively.

The Plan's Corporate QI Team conducted medical record reviews in the second quarter 2015 for six (6) high-volume inpatient facilities in Kentucky. All reviews conducted in 2015 were based on acute inpatient hospitalizations for a primary diagnosis of mental illness occurring in (CY) 2014. For each facility, a total of five (5) to ten (10) inpatient medical records were audited. An overall score for each facility was then calculated, based on the results of the records reviewed. In order to specifically assess coordination of care and discharge planning, the Plan's market QI Team further evaluated the audit results and calculated sub-scores for the applicable sections of the audit. Results indicated that three (3) of the six (6) facilities audited met the target score of 80% or higher. Three (3) facilities did not meet the target score due to a score of less than 79%. Based on these results, targeted education was conducted at these facilities in the third quarter 2015.

In order to facilitate follow-up care for members post-discharge and to assist members with overcoming barriers to attending appointments, the Plan initiated processes in 2014 to attempt to outreach members within one (1) day following discharge from an acute mental health hospitalization. Data was collected to evaluate the effectiveness of this intervention in 2015 by examining the service authorizations for acute inpatient hospitalizations for mental illness and reviewing case notes completed by the Plan's Case Management staff. Based on analysis of 6,704 service authorizations indicating a discharge from an acute inpatient hospitalization for mental illness, the Plan was able to attempt member outreach for members 587 (8.75%) within one (1) day of discharge in 2015. This represented a slight increase of 1.27 percentage points from 2014. Barriers identified included:

- Telephone disconnected
- Telephone number disconnected
- Unable to contact, left message, no response
- Unable to contact, no answer
- Refusal of case management services

IPRO Recommendation/ WellCare of Kentucky Response
In order to increase education to facilities regarding follow-up after hospitalization for mental illness, the Plan continued to send quarterly letters to facilities notifying facilities of their individual HEDIS 7 day FUH rates, along with a list of non-compliant members. The Plan mailed a total of 162 letters to facilities in 2015. This represented a decrease from the 190 letters sent in 2014. However, there continues to be 40 to 41 facilities receiving letters. Therefore, quarterly FUH letters to facilities were continued to be mailed in 2016 and the Plan is exploring opportunities for targeted visits to these facilities for outreach and education in regard to transitions of care and HEDIS requirements. In order to increase education to outpatient behavioral health providers regarding follow-up after hospitalization for mental illness, the Plan implemented an active alternative intervention in 2015, replacing the mailings to CMHCs conducted in 2014. The Plan conducted targeted outreach to each of the 14 CMHCs. Plan staff visited CMHCs reviewing HEDIS FUH requirements and providing each with a Behavioral Health HEDIS Tool-Kit. Future Actions/Plans: Following receipt of final HEDIS 2017 rates, WellCare will conduct an analysis of HEDIS 2016 data to identify barriers and potential/revised interventions. Based on this analysis, WellCare will continue/revise interventions already in place and/or develop new member and provider interventions as needed. WellCare will continue to work individually with providers to improve HEDIS rates in addition to working collaboratively with BH Case Management and Network Management to improve access to BH specialists and compliance with post-hospitalization visits. In 2016, WellCare added two new positions to the QI Department, Care Gap Coordinators, whose responsibilities include directly outreaching members with care gaps to provide education and referral for assistance with making appointments as needed. These positions are located in the Kentucky market. In addition, interventions for the Antipsychotic Medication Use in Children and Adolescents PIP continued in 2016, and interventions for the Management of Physical Health Risks in the SMI Population PIP began in 2016. Following the receipt of HEDIS 2016 rates and the final rates for the FUH PIP, WellCare evaluated the intervention strategy used for the FUH PIP and determined there was a need to continue the PIP's interventions and implement a modified strategy for improving performance in this area. This included the development of an Assessment Form for adults with SMI for BH and Non-BH providers to use in the promotion of coordinated care and facilitate communication between BH specialists and PCPs.
IPRO Recommendation: *Implement the planned PIP focusing on Pediatric Oral Health, evaluating and modifying the intervention strategy where necessary as the PIP progresses.* *MCO Response:* Initial Plan of Action: WellCare submitted the proposal for a PIP titled Improving Pediatric Oral Health Sept. 1, 2015 to DMS and IPRO, which was accepted and approved. HEDIS 2015 rates for Annual Dental Visit (ADV) indicated improvement was needed in this area. According to the Centers for Disease Control and Prevention (CDC), although largely preventable, dental caries remain the most common chronic disease of children aged 6 to 11 years and of adolescents aged 12 to 19 years. In the United States, the average adult has between 10 and 17 permanent teeth that are decayed, missing or filled. Additionally, approximately half of all adults have gingivitis. Children in America are also at risk for oral health conditions. By age 9, the average child will have one (1) cavity in permanent teeth. The number of cavities continues to increase as the child ages, with 2.6 cavities by age 12 and 8 cavities by age 17. According to the American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA), and the American Academy of Pediatrics (AAP), the first dental visit should occur by the time a child is one (1) year old, with regular dental visits thereafter. The aim is to improve pediatric oral health in Kentucky by increasing the number of members receiving an annual dental visit and preventive oral health care. The objectives for this PIP are: to increase the HEDIS rates for Annual Dental Visit (ADV); to increase the rate of members age 6 to 14 who receive dental sealant treatment by a dental provider; to increase the rate of members age 0 to 20 who receive at least two fluoride treatment services; and to increase the rate of members age 0 to 20 who receive at least one preventive dental treatment. When and how was this accomplished? The Plan initiated several interventions associated with this project aimed at improving pediatric oral health in Kentucky. First, the Plan holds ongoing Focus Group meetings to review interventions, barriers and monitor the data. This group is responsible for the revision

IPRO Recommendation/ WellCare of Kentucky Response
of the goals based upon an analysis of the data. The Plan also has regular meetings between the Plan staff and the Plan's dental vendor Avesis. In collaboration with Avesis, provider-specific information/education via webinar is being developed for new dental provider orientation to include recommended preventative care, in addition to being utilized an educational refresher for current providers. This was implemented in 2016 and will be reported in the 2017 Interim Report. The Plan developed provider informational/educational articles in regards to collaboration between medical and dental providers and interacting with pediatric patients less than 3 years of age in 2016. For members, the Plan developed informational/educational articles about the importance of oral health, pediatric-specific oral health guidelines and preventative care for 2016 and 2017. The Plan is initiating a targeted mailing to remind members of their dental benefits in 2016 and 2017. The Plan is collecting data related to these interventions, which will be reported in the 2017 Interim Report. The Plan identified the 2 to 3 age range (43.20%) as having one of the lowest percentage rates for receipt of an annual dental visits. Through the EPSDT Program, children receive this service in the Health Departments and from their PCPs. The Plan is exploring options for inclusion of this data for comparison and potential targeted outreach to improve the oral health of some of our youngest members. This was the focus of the 2016 collaboration project between CMS, DMS, IPRO, and WellCare and the Plan is looking for opportunities to incorporate some of the suggestions into this project. Outcome and Monitoring: Analysis of WellCare of Kentucky data for measurement year (MY) 2015 indicated there was a membership of 203,973 members less than 21 years of age as of December 31, 2015. A total of 107,629 members less than 21 years of age received at least one (1) preventative treatment during (MY) 2015 for a 52.77% overall utilization rate. There is still an opportunity for improvement. HEDIS data for (MY) 2015 indicated there were 170,643 members, age 2 to 20 years of age, in the eligible population for ADV. Of those members, 60.74% (n=103,649/170,643) had at least one (1) Annual Dental Visit (ADV) during the measurement year (MY). The 2015 rate met the 75th percentile. The data for (MY) 2015 in regards to members, 6 to 14 years of age, who received a dental sealant treatment by a dental provider during the measurement year (MY), indicated 45,681 members in the eligible population. Of those members, 16.95% (n=7,744/45,681) received at least one (1) dental sealant treatment. For members aged 0 to 20, who received two (2) fluoride treatments during the measurement year (MY), data for (MY) 2015 found 203,973 members in the eligible population. Of those members, 16.5% (n=33,736/203,973) received two (2) fluoride treatments by a dental provider. Finally, for members 0 to 20 years of age who received at least one (1) preventive dental treatment during the year, data for (MY) 2015 found 203,973 in the eligible population. Of those members 48.4% (n=98,740/203,973) received at least one (1) preventive dental service during the year. The Plan continues to monitor dental-related rates quarterly, implement interventions aimed at improving dental-related rates and anticipates continued improvement in 2016, which will be reported in 2017. Future Actions/Plans: Based upon feedback/recommendations from DMS/IPRO the PIP was revised to reflect and incorporate these suggestions. Interim results will be reported in the 2017 PIP submission to DMS/IPRO by Sept. 1, 2017. Following receipt of final HEDIS 2017 and related dental rates, WellCare will conduct an analysis of the 2016 data to identify barriers and potential/revised interventions. Based on this analysis, WellCare will continue interventions already in place and/or develop/revise new member and provider interventions as needed. WellCare will continue to work with our dental partner, Avesis and individually with providers to improve dental rates for our pediatric population.
IPRO Recommendation: *Address all compliance areas found less than fully compliant.* *MCO Response:* Initial Plan of Action: Following the 2016 Annual Compliance Audit findings, WellCare enacted corrective action plans for the domains of Access, Delegation, Pharmacy and Health Risk Assessment (HRA), and corrective actions were initiated for areas found substantially compliant in the domain of Program Integrity, and one area found minimally compliant in the domain of Pharmacy Benefits. However, DMS removed this language from the contract effective 7/1/2016 so

IPRO Recommendation/ WellCare of Kentucky Response
this was no longer relevant. When and how was this accomplished? 1) Access: WellCare updated the prior authorization policy (C6C5-041) as requested by IPRO to include language that WellCare does not require a referral for specialists or any other in-network provider. 2) Delegation: WellCare updated the Delegation Oversight Policy (C12AO-023 Addendum D. Kentucky), to include the contract requirement language. 3) Pharmacy: WellCare has updated the Pharmacy policy (C20RX-152) to include language regarding tamper-resistant features to prevent copying; modification or erasure; or counterfeiting prescriptions. It is noted that this language was removed from the contract in 2016. 4) HRA: WellCare initiated a corporate-wide program to standardize one HRA for use across all markets, which would specifically addressed IPRO's recommendation to have a standardized version of the HRA across formats (paper and telephonic). The adoption of a standardized HRA required approval from all WellCare markets was completed. WellCare also added an offer of assistance in scheduling a PCP visit to the Member Handbook per IPRO's recommendation. Additionally, the process for distributing the Unable to Contact Letters (UTC) for the HRAs was implemented and is fully automated. For Program Integrity, WellCare ensured that all subcontractors are included in the ADO and updated the FWA and Record Retention policies to include IPRO recommended language. For Pharmacy, WellCare updated to the Pharmacy Benefit Manager Vendor Responsibility policy to include recommended language. However, DMS removed this language from the contract effective 7/1/2016 so this was no longer relevant. Outcome and Monitoring: WellCare provided documentation evidencing the changes made in response to the 2016 Annual Compliance Audit to IPRO. Preliminary findings for the 2017 Annual Compliance Audit have been received (verbally) and indicate improvement in the areas addressed following the 2016 Annual Compliance Audit, including compliance with the domain of Health Risk Assessment. The HRA files reviewed onsite by IPRO during the 2016 Annual Compliance review contained members who became active with WellCare between July 1 and September 30, 2015, but who were retroactively enrolled by DMS and had eligibility dates that occurred prior to that enrollment span. Because the process of referring new members had not yet been updated to include retroactively enrolled members, these members were not included on the file for HRA outreach and had not received an HRA. The corrective action plan addressing the inclusion of retroactively enrolled members on the file for HRA outreach was deployed in February 2016 and documentation was supplied to IPRO during the 2017 Annual Compliance Review in January 2017 as evidence that this corrective action had been completed. Retroactively enrolled members were included on the file of new members sent to WellCare's HRA vendor, ELIZA. This issue was resolved for the 2017 Annual Compliance Review. WellCare expects to have improvement noted in the written 2017 Annual Compliance Review when final results are received. Additionally, WellCare now has in place an audit process for HRAs to ensure the process continues to perform as designed. Future Actions/Plans: WellCare received the final results from the 2017 Annual Compliance Audit. WellCare received "Full" compliance with regards to the following tools: Access and Availability, Delegation, Pharmacy and HRA. No further actions are needed at this time.
IPRO Recommendation: *As recommended previously, consider initiating a PIP focused on improving rates for well-care visits for children and adolescents.*

IPRO Recommendation/ WellCare of Kentucky Response

MCO Response:

Initial Plan of Action: During 2016, WellCare had a Pay-for-Performance program that targeted the following HEDIS measures: Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) HEDIS rate increased 2.45 percentage points, Adolescent Well Visits HEDIS rate increased 3.52 percentage points, and Childhood Immunization Status – Combo 2 and Combo 10 HEDIS increased 4.89 and 2.58 percentage points respectively. WellCare's HEDIS 2016 rates for Children and Adolescent's Access to Primary Care Practitioners improved to the 75th percentile for ages 12 – 24 months and 25 months – 6 years, and continued to meet the 75th percentile for 7 – 11 years and 12 – 19 years. In addition to interventions aimed at improving rates for medical-related visits, WellCare implemented a PIP, in 2015, aimed at increasing the Annual Dental Visit HEDIS rate. WellCare has addressed well-child visits for children and adolescents via the Pay-for-Performance program, which is aimed at PCPs, while addressing pediatric dental care with a PIP in beginning in 2015 and continuing in 2016 to more effectively target dental providers. In addition, in 2016, WellCare proposed, and was approved, a PIP related to Childhood and Adolescent Immunizations. WellCare also continued all interventions aimed at improving HEDIS and Healthy Kentuckian rates, including distribution of provider Care Gap Reports, targeted phone calls and mailings to members identified as needing preventive services and/or screenings, and provider visits. Additionally, WellCare's Quality Improvement Department expanded to include 11regional Quality Practice Advisor (QPA) positions, which were added in 2016. The QPAs' primary responsibility is the improvement of HEDIS rates as they work individually with providers to improve care and HEDIS and Healthy Kentuckian rates. At the completion of each HEDIS season, the QI Team analyzes HEDIS and HK outcomes for root causes, identification of barriers, and development/revision of interventions for implementation.

The objectives for the Children and Adolescent Immunization PIP are to:

- Increase the HEDIS rate of Childhood Immunization Status (CIS): Combo 10 over the next three (3) year period to the Medicaid QC 25th percentile.
- Increase the HEDIS rate of Immunizations for Adolescents (IMA): Combo 1 over the next three (3) year period to the Medicaid QC 75th percentile.
- Establish and increase the HEDIS rate of Immunizations for Adolescents (IMA): Combo 2 over the next three (3) year period to the Medicaid QC 50th percentile.

When and how was this accomplished?

Throughout 2016, QPAs worked with provider offices to educate providers and office staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate compliance, and claims coding for services rendered during member visits using HEDIS-accepted codes. QPAs distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and HK measure specifications and distributed Care Gap Reports identifying members in need of recommended screenings and assessments. In July 2016, following the receipt of final HEDIS results for measurement year 2015, WellCare performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50th percentile to identify barriers and developed potential/revised interventions targeted at specific measures identified as areas of opportunity. These were implemented in 2016.

Outcome and Monitoring: WellCare monitors HEDIS rates monthly to identify areas in need of greater/revised interventions and initiates actions accordingly. Therefore, WellCare anticipates that HEDIS 2017 rates will show an improvement over HEDIS 2016. HEDIS rates for WellCare and for individual providers are monitored on a monthly basis so areas of concern are identified quickly. Providers are given their individual HEDIS rates and Care Gap Reports monthly so they can track their progress and identify open opportunities. Additionally, the QPAs are assessed against performance goals for their work and outcomes with individual provider groups throughout the State. Member and provider interventions aimed at improving HEDIS and Healthy Kentuckian measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions, in addition to the QI Work Plan, are reported to the Plan's quality committees for feedback and recommendations.

IPRO Recommendation/ WellCare of Kentucky Response
Future Actions/Plans: Following receipt of final HEDIS 2017 rates, WellCare will conduct an analysis of HEDIS 2016 data to identify barriers and identify potential/revised interventions. Based on this analysis, WellCare will continue/revise interventions already in place and/or develop new member and provider interventions as needed. WellCare will continue to work individually with providers to improve HEDIS and Healthy Kentuckian rates through education and the subsequent closure of care gaps. Additionally, in 2016, WellCare added two new positions to the QI Department, Care Gap Coordinators, whose responsibilities include directly outreaching members with care gaps to provide education and referral for assistance as needed. These positions are located within the Kentucky market. Also, the Plan expanded the number of QPAs to 11 and has a QI Coordinator who telephonically outreaches to providers with a smaller number of WellCare members, to alert them of members in need of recommended preventive care and/or screenings. Additionally, in 2016, WellCare launched a new member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from $10 to $60 in value for the completion of the certain preventive visits and screenings, including Well Child Visits 0-15 Months, Well Child Visits 3-6 Years, and Adolescent Well Care Visit. This program will continue in 2017.

Appendix A – Medicaid Managed Care Compliance Monitoring

Objectives

Each annual detailed technical report must contain data collected from all mandatory EQR activities. Federal regulations at 42 CFR 438.358, delineate that a review of an MCO's compliance with standards established by the State to comply with the requirements of § 438.204(g) is a mandatory EQR activity. Further, for plans that were in operation prior to the current review, the evaluation must be conducted within the previous three-year period, by the State, its agent or the EQRO.

DMS annually evaluates the MCOs' performance against contract requirements and State and federal regulatory standards through its EQRO contractor. In an effort to prevent duplicative review, federal regulations allow for use of the accreditation findings, where determined equivalent to regulatory requirements.

In 2017, two MCOs (Humana-CareSource and Passport Health Plan) underwent a full review. Aetna Better Health Plan, Anthem BCBS Medicaid and WellCare of Kentucky received partial reviews, based on the findings of the previous review.

The annual compliance review for the period calendar year January 2016 – December 2016, conducted in January 2017, addressed contract requirements and regulations within the following domains:

- Behavioral Health Services
- Case Management/Care Coordination
- Enrollee Rights: Enrollee Rights and Protections
- Enrollee Rights: Member Education and Outreach
- EPSDT
- Grievance System
- Health Risk Assessment
- Medical Records
- Pharmacy Benefits
- Program Integrity
- QAPI: Access
- QAPI: Access – Utilization Management
- QAPI: Measurement and Improvement
- QAPI: Measurement and Improvement – Health Information Systems
- QAPI: Structure and Operations – Credentialing
- QAPI: Structure and Operations – Delegated Services

Data collected from the MCOs, either submitted pre-onsite, during the onsite visit or in follow-up, was considered in determining the extent to which the health plan was in compliance with the standards. Further descriptive information regarding the specific types of data and documentation reviewed is provided in the section "Description of Data Obtained" listed below and in this report located under subpart, "Compliance Monitoring."

Technical Methods of Data Collection

In developing its review protocols, IPRO followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCOs. For each set of standards reviewed, IPRO prepared standard-specific tools with standard-specific elements (i.e., sub-standards). The tools include the following:

- statement of state and MCO contract requirements and applicable state regulations,
- prior results,
- reviewer compliance determination,
- descriptive reviewer findings and recommendations related to the findings,
- review determinations, and
- suggested evidence.

In addition, where applicable (e.g., member grievances), file review worksheets were created to facilitate complete and consistent file review. Reviewer findings on the tools formed the basis for assigning preliminary and final designations. The standard designations used are shown in Table 64.

Table 64: Medicaid Managed Care Compliance Monitoring Standard Designations

Standard Designations	
Full Compliance	MCO has met or exceeded requirements.
Substantial Compliance	MCO has met most requirements but may be deficient in a small number of areas.
Minimal Compliance	MCO has met some requirements but has significant deficiencies requiring corrective action.
Non-compliance	MCO has not met the requirements.
Not Applicable (N/A)	Statement does not require a review decision; for reviewer information purposes.

Pre-Onsite Activities – Prior to the onsite visit, the review was initiated with an introduction letter, documentation request, and request for eligible populations for all file reviews.

The documentation request is a listing of pertinent documents for the period of review, such as policies and procedures, sample contracts, program descriptions, work plans and various program reports.

The eligible population request requires the MCOs to submit case listings for file reviews. For example, for member grievances, a listing of grievances for a selected quarter of the year; or, for care coordination, a listing of members enrolled in care management during a selected quarter of the year. From these listings, IPRO selected a random sample of files for review onsite.

IPRO began its "desk review," or offsite review, when the pre-onsite documentation was received from the plan.

Prior to the review, a notice was sent to the MCOs including a confirmation of the onsite dates, an introduction to the review team members, onsite review agenda and list of files selected for review.

Onsite Activities – The onsite review commenced with an opening conference where staff was introduced and an overview of the purpose and process for the review and onsite agenda were provided. Following this, IPRO conducted a review of the additional documentation provided onsite, as well as the file reviews. Staff interviews were conducted to clarify and confirm findings. When appropriate, walkthroughs or demonstrations of work processes were conducted. The onsite review concluded with a closing conference, during which IPRO provided feedback regarding the preliminary findings, follow-up items needed and the next steps in the review process.

Description of Data Obtained

As noted in the Pre-Onsite Activities, in advance of the review, IPRO requested documents relevant to each standard under review, to support the health plan's compliance with federal and State regulations and contract requirements. This included items such as: policies and procedures; sample contracts; annual QI Program Description, Work Plan, and Annual Evaluation; Member and Provider Handbooks; access reports; committee descriptions and minutes; case files; program monitoring reports; and evidence of monitoring, evaluation, analysis and follow-up. Additionally, as reported above under Onsite Activities, staff interviews, demonstrations, and walkthroughs were conducted during the onsite visit. Supplemental documentation was also requested for areas where IPRO deemed it necessary to support compliance. Further detail regarding specific documentation reviewed for each standard for the 2016 review is contained in the Compliance Monitoring section of this report and in the full compliance reports for each MCO.[33]

[33] The complete compliance report for each MCO is available on the DMS Managed Care Oversight – Quality Branch Reports web page at: http://chfs.ky.gov/dms/pqomcoqbreports.htm.

Data Aggregation and Analysis

Post-Onsite Activities – As noted earlier, each standard reviewed was assigned a level of compliance ranging from Full Compliance to Non-compliance. The review determination was based on IPRO's assessment and analysis of the evidence presented by the health plan. For standards where the plan was less than fully compliant, IPRO provided a narrative description of the evidence reviewed, and reason for non-compliance. The plan was provided preliminary findings and 20 business days to submit a response and clarification of information for consideration. No new documentation was accepted with the response. The MCOs could only clarify documentation that had been submitted previously, pre-onsite or during the onsite review. IPRO reviewed the MCO responses and prepared the final compliance determinations. In accordance with the DMS/MCO contract, DMS issued a Corrective Action Plan (CAP) request and/or Letter of Concern (LOC), where applicable, and the MCOs are required to submit written corrective action plans to address any findings rated "Minimal" or "Non-compliant."

Appendix B – Validation of Performance Improvement Projects

Objectives

Medicaid MCOs implement PIPs to assess and improve processes of care and, as a result, improve outcomes of care. The goal of the PIP is to achieve significant and sustainable improvement in clinical and non-clinical areas. A mandatory activity of the EQRO under the BBA is to review the PIP for methodological soundness of design, conduct and report to ensure real improvement in care and confidence in the reported improvements.

PIPs were reviewed according to the CMS protocol described in the document *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. The first process outlined in this protocol is assessing the methodology for conducting the PIP. This process involves the following ten elements:

- review of the selected study topic(s) for relevance of focus and to the MCO's enrollment,
- review of the study question(s) for clarity of statement,
- review of selected study indicator(s), which should be objective, clear and unambiguous and meaningful to the focus of the PIP,
- review of the identified study population to ensure it is representative of the MCO enrollment and generalizable to the plan's total population,
- review of sampling methods (if sampling was used) for validity and proper technique,
- review of the data collection procedures to ensure complete and accurate data was collected,
- assessment of the improvement strategies for appropriateness,
- review of the data analysis and interpretation of study results,
- assessment of the likelihood that reported improvement is "real" improvement, and
- assessment of whether the MCO achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether or not the PIP findings should be accepted as valid and reliable. In addition to validating and scoring the PIPs, IPRO provided ongoing technical assistance to the MCOs as part of its EQR tasks.

Technical Methods of Data Collection

IPRO's methodology for validation of the PIPs was based on CMS's *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. A reporting template was designed by IPRO in order to collect the information and data necessary to review the projects. An assessment of each project in progress was conducted using tools developed by IPRO, approved by DMS, and consistent with the CMS EQR protocol for PIP validation. Each PIP submitted by the MCOs was reviewed using this methodology, and each of the ten protocol elements was considered.

Description of Data Obtained

Each PIP was validated using the MCOs' PIP project reports. Additional detail on the projects and technical assistance was provided during conference calls and onsite interviews of MCO staff during the compliance reviews in January 2017.

Data Aggregation and Analysis

At the proposal and baseline report phases, a narrative summary review was produced, detailing project strengths and opportunities for improvement for each element applicable to the project at the time of the review. Overall credibility of results was assessed at the baseline report phase. At Interim and final remeasurement phases of the project, a scored review and validation was conducted to assess overall credibility of results. Review elements were assessed using a scale of Met, Partially Met, and Not Met. Each element was weighted and assigned a point value, adding to a total of 80 points for the interim phase and 100 points for the final phase. Additional state-specific review elements to address contract requirements, such as methods to maintain member confidentiality; member involvement in the project; and dissemination of findings were included in the review tool. These items were scored "Met" or "Not Met."

A summary report of the findings, strengths and opportunities for improvement for each PIP in progress during the period of report is documented in this Technical Report.[34]

[34] The full PIP reports for each of the MCOs submitted at the time of the final remeasurement are available on the DMS Managed Care Oversight – Quality Branch Reports web page at: http://chfs.ky.gov/dms/pqomcoqbreports.htm.

Appendix C – Validation of Performance Measures

Objectives

Medicaid MCOs calculate PMs to monitor and improve processes of care. As per the CMS Regulations, validation of PMs is one of the mandatory EQR activities. The methodology for validation of PMs was based on CMS *Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities* (updated 2012). This protocol was derived from protocols and tools commonly used in the public and private sectors for auditing PMs.

The primary objectives of the PM validation process are to assess the following:

- structure and integrity of the MCO's underlying information system (IS);
- MCO ability to collect valid data from various internal and external sources
- vendor (or subcontractor) data and processes, and the relationship of these data sources to those of the MCO;
- MCO ability to integrate different types of information from varied data sources (e.g., member enrollment data, claims data, pharmacy data) into a data repository or set of consolidated files for use in constructing MCO PMs; and
- documentation of the MCO's processes to: collect appropriate and accurate data, manipulate the data through programmed queries, internally validate results of the operations performed on the data sets, follow specified procedures for calculating the specified PMs, and report the measures appropriately.

Technical Methods of Data Collection

IPRO requested and received from the MCOs the following documentation related to the Kentucky PM creation:

- Data and field definitions;
- Documentation of the steps taken to:
  - Integrate the data into the health outcome measure data set
  - Query the data to identify denominators, generate samples, and apply the proper algorithms to the data in order to produce valid and reliable PMs;
- Conduct statistical testing of results;
- Procedures used to determine the measure denominators from the HEDIS denominator base, and how additional criteria were applied (where applicable);
- Medical record abstraction staff qualifications, training and inter-rater reliability testing;
- All data abstraction tools and associated materials;
- Data entry and data verification processes;
- List of members identified to have numerator positive findings (for sample selection for medical record review and administrative validation);
- HEDIS 2016 *Interactive Data Submission System (IDSS)* report for the Medicaid product line;
- HEDIS 2016 *Final Audit Report,* for the Medicaid Product Line; and
- Table of measures including measure/numerator name, denominator value, numerator value and rate.

IPRO's methodology for performance measure validation included the following:

- Information Systems (IS) Capabilities – an assessment of data capture, transfer and entry methods, ongoing encounter data validation, and review of the IS assessment from the MCOs' annual HEDIS Compliance Audits.
- Denominator Validation – an assessment of sampling guidelines and methods.
- Data Collection Validation – an assessment of the MCOs' medical record review process, sampling and data abstraction.
- Numerator Validation – a review of member-level data for adherence to established specifications.

Several of the PMs are derived directly from HEDIS, including: Adult BMI Assessment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, Controlling High Blood Pressure, Annual Dental Visit, Lead Screening for Children, Well-Child Visits in the First 15 months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Children's and Adolescents' Access to PCPs. These measures were independently audited by an NCQA-licensed audit organization as part of MCOs' annual HEDIS

Compliance Audits. Therefore, in accordance with the CMS EQRO provisions for non-duplication of activities, IPRO did not address those measures in its validation process. Rather, the focus was validating the State-specific measures.

Description of Data Obtained

As described under Technical Methods of Data Collection, IPRO requested documentation related to programming and queries, medical record data collection, and data entry and verification.

A medical record review (MRR) validation was conducted to ensure that the medical record abstraction performed by the MCOs met the measure specifications and that the abstracted medical record data was accurate. IPRO's MRR validation process included review of medical record abstraction tools and instructions as well as validation of medical record abstraction findings for a sample of records that the MCOs identified as having numerator positive events via medical record documentation.

In addition to the medical record review validation, an administrative validation is conducted to ensure that data analysis performed by the MCOs met the measure specifications and that the claims/encounter data were accurate. IPRO selected a sample of members identified by the MCOs as having numerator positive events via claims/encounter data for administrative validation. IPRO's administrative validation process included a review of evidence for the denominator and numerator components of the measure, e.g., member name, date of birth, enrollment; category of aid; provider participation; and claim for the numerator service.

Data Aggregation and Analysis

The findings from the validation activities were tabulated to determine whether the MCOs made any errors that may have significantly biased the final reported rates. The maximum amount of bias allowed for the final rates to be considered reportable is +/- five (5) percentage points. If the results indicated that a reported rate for a particular measure was materially biased, the measure was designated "Not Reportable" or "NR." If the data collection and measure calculation processes were found to be unbiased, the measure was designated "Reportable" or "R." If an MCO was not able to report a measure due to the lack of eligible population or a denominator less than 30, the measure was designated "Not Applicable" or "N/A."